

The NHS South West (Local Supervising Authority) Annual Report 2008/09

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South West Strategic Health Authority

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Paper for the meeting of the South West Strategic Health Authority on 24 September 2009	
Author	Val Beale Local Supervising Authority Midwifery Officer
Responsible Director	Liz Redfern Director of Patient Care and Nursing
Main aim	To meet the statutory requirement as set out by the Nursing and Midwifery Council
Outcome of equality impact assessment process	The Nursing and Midwifery Council format for this paper and the supporting audit process does not include an equality assessment
Actions taken and planned as a result of the equality impact assessment, with details of action plan with timescales/review dates as applicable	Issues raised with Maternity Services Programme Lead
Groups/individuals consulted with as part of the impact assessment	Nil
Link to strategic objectives and priorities	Meets statutory requirements
Risk Register	Not currently on Register
Risks identified if not on risk register	Individual organisations not meeting requirement
Current controls to reduce risk	Audit and review plus Annual Report
Options/recommendations	Annual review
Resources implications	Nil
Details of residual risk following recommendations	Nil
Any legal implications or links to legislation	Yes – Nursing and Midwifery Order 2001, Midwives Rules (Nursing and Midwifery Council requirements)
Freedom of information including restrictions	Published on the website of the Authority – no restrictions
Public involvement history	Lay representation throughout the audit process but not with the actual content of the report
Previous considerations	Nil

Preface

The Nursing and Midwifery Council require the submission of an Annual Report by the Local Supervising Authority by 28 September 2009.

This report sets out how the South West Strategic Health Authority, as Local Supervising Authority, has achieved and maintained the supervision of midwives within its jurisdiction, in accordance with the standards set by the Nursing and Midwifery Council.

Sir Ian Carruthers OBE
Chief Executive
4 August 2009

South West Strategic Health Authority
The NHS South West (Local Supervising Authority)
Annual Report 2008/09

Table of Contents

	Page No
Assessment Sheet	
Preface	
Table of Contents	
Executive Summary	
Section 1 Introduction.....	1
Section 2 The Nursing and Midwifery Council.....	2
Section 3 The Local Supervising Authority	2
Section 4 The Standards for Local Supervising Authorities	3
Section 5 NHS South West Local Supervising Authority.....	3
Section 6 Nursing and Midwifery Council Requirement: Midwives Rules (Rule 16)	5
Standard 1 Each Local Supervising Authority will ensure that their Report is made available to the public..	5
Standard 2 Numbers of Supervisors of Midwives Appointments, Resignations and Removals	5
Standard 3 Details of how Midwives are provided with continuous access to a Supervisor of Midwives..	7
Standard 4 Details of how the Practice of Midwives is Supervised.....	9
Standard 5 Evidence that Service Users have been involved in Monitoring Supervision of Midwives and Assisting the Local Supervising Authority Midwifery Officer with the Annual Audits	11
Standard 6 Evidence of Engagement with Higher Education Institutions in Relation to Supervisory Input into Midwifery Education.....	12

Standard 7	Details of any New Policies related to the Supervision of Midwives	14
Standard 8	Evidence of Developing Trends Affecting Midwifery Practice in the Local Supervising Authority	15
Standard 9	Details of the Number of Complaints Regarding the Discharge of the Supervisory Function	24
Standard 10	Reports on all Local Supervising Authority investigations undertaken throughout the year ...	24
Section 7	Conclusion.....	29
Appendices		
Appendix 1	Chief Executive Officer and Local Supervising Authority Midwifery Officer contact details	
Appendix 2	Maternity Units in NHS South West	
Appendix 3	Designated Supervisors of Midwives in NHS South West	
Appendix 4	Supervisors of Midwives Conference	
Appendix 5	Clinical Activity	
Appendix 6	NHS South West Self-Assessment Tool	
Appendix 7	Age Profile of Midwives as at 31 March 2009	
Appendix 8	The statutory requirements met with regard to the Midwives Rules and Standards (2004)	

South West Strategic Health Authority

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1. Executive Summary

- 1.1 The Nursing and Midwifery Order 2001 requires the Nursing and Midwifery Council to establish and maintain a register of qualified nurses and midwives and, from time to time, establish standards of proficiency to be met by applicants to different parts of the register. The Order requires the Nursing and Midwifery Council to set rules and standards for midwifery and the Local Supervising Authorities are responsible for the statutory supervision of midwives.
- 1.2 The Nursing and Midwifery Council has published these requirements, together with the rules and standards for midwifery practice, in the Midwives Rules and Standards (2004).
- 1.3 Rule 16 requires the submission of an Annual Report from the Local Supervising Authority, by 28 September each year, in a format specified by the Nursing and Midwifery Council.
- 1.4 This report contains details of the statutory requirements which need to be met by the Local Supervising Authority and sets out the roles, responsibilities and standards required by the Nursing and Midwifery Council.
- 1.5 The Nursing and Midwifery Council requires the Chief Executive to sign off the report, in order to assure them that the Chief Executive of the Local Supervising Authority has read the report and is aware and engaged in the pertinent midwifery issues. This has been achieved.
- 1.6 The report and appendices include detailed information that has been submitted by NHS Trusts in their Annual Reports to the Local Supervising Authority.
- 1.7 The key priorities for 2008/09 have been achieved, namely:
 - framework;
 - * the South West Strategic Health Authority carries responsibility for the Local Supervisory function, to ensure that the standards set within the Midwives Rules (Nursing and Midwifery Council 2004) have been met;
 - national standards and guidance;
 - * development of new guidelines;
 - * review and update of established national guidelines;

- quality assurance;
 - * ensuring review mechanisms are in place for auditing statutory supervision of midwives and midwifery practice;
 - * maintaining consistent Local Supervising Authority standards for the statutory supervision of midwives (National Guidelines now in place);
- networks and relationships;
 - * maintaining effective relationships with key stakeholders, for example, the Department of Health, Nursing and Midwifery Council, Healthcare Commission and the National Patient Safety Agency;
 - * developing new relationships with organisations, such as the South West Development Centre and commissioners in Primary Care Trusts;
 - * encouraging public involvement by engagement with service users;
- professional leadership;
 - * providing professional leadership in response to national policy and emerging local service development;
- regulation;
 - * actively informing and influencing debate about professional regulation of midwives;
 - * responding to Department of Health documents,
 - * working with the Nursing and Midwifery Council to further develop standards for supervision;
- key issues for 2009/10 include;
 - * continued work towards the National Service Framework for Children, Young People and Maternity Services (Standard 11);
 - * working towards the targets set within Every Child Matters and Maternity Matters;
 - * workforce issues;
 - * strategic intent, with implementation of maternity care pathways and issues identified within the recent local review of Maternity Services by the Clinical Pathway Group established as part of The NHS Next Stage Review: Our NHS, Our Future.

1. Introduction

- 1.1 The purpose of the report is to inform the Strategic Health Authority, Nursing and Midwifery Council (NMC) and the public how the Local Supervising Authority (LSA) of NHS South West has met the standards within the Midwives Rules and Standards (2004). It has been produced in order to meet the requirements of Rule 16, Midwives Rules and Standards (2004) published by the Nursing and Midwifery Council.
- 1.2 The report covers the period from 1 April 2008 to 31 March 2009. The report includes the activities and achievements of maternity services within the NHS South West. The report will be made available to the public via the website of the South West Strategic Health Authority at www.southwest.nhs.uk.
- 1.3 The Local Supervisory function was carried out during this period by one full-time Midwifery Officer, Val Beale, and a part-time administrative assistant.
- 1.4 The South West has a population of 5.1 million. Although the South West is the healthiest place to live in England, this masks inequalities. There are wide socio-economic variations between neighbouring communities.
- 1.5 The total number of babies born in the South West in 2008/09 was 58,422 compared to 56,381 in 2007/08. This is an increase of 3.6%.
- 1.6 For the first time in 2007/08 the Nursing and Midwifery Council provided a risk profile for the South West Local Supervising Authority following assessment of the South West Local Supervising Authority Report of 2007/08. The comments were:
 - Chief Executive did not sign annual report and no indication that it had been viewed by him, Risk score 10;
 - * The Chief Executive did view the report and signed an accompanying letter.
 - * This 2008/09 Report has been considered by the Senior Management Team and received by the Strategic Health Authority Board at the September 2009 meeting. It has also been signed off by the Chief Executive Officer, Director of Patient Care and Nursing and Local Supervising Authority Midwifery Officer.
 - some requirements of Rule 16 of the midwives rules and standards not described in the annual report and the Nursing and Midwifery Council not assured that an effective supervisory framework is in place, Risk score 16;
 - * the process is described through section 6.0 of this report;

- LSA audit process not described, so nursing and Midwifery Council not assured that an effective supervisory framework is in place;

- * The audit process is described in section 6.0, standard 4 of the report.

1.7 The appendices in this report contain information relating to clinical activity.

2. The Nursing and Midwifery Council

2.1 The Nursing and Midwifery Council was established under the Nursing and Midwifery Order 2001 (the Order) and came into being on 1 April 2002.

2.2 The statutory supervision of midwives is primarily concerned with protecting the public through the establishment and maintenance of standards of midwifery practice.

2.3 Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised. This function is the responsibility of the Local Supervising Authority. Strategic Health Authorities are designated as Local Supervising Authorities within England.

3. The Local Supervising Authority

3.1 The Local Supervising Authority is the body responsible in statute for the general supervision of midwives practising within its boundaries.

3.2 Historically, the Nurses, Midwives and Health Visiting Act 1997, Section 15 (1) and the Health Authority Act 1995 designated Health Authorities as the Local Supervising Authorities in England. These were superseded by the Nursing and Midwifery Order 2001.

3.3 In 1996, most Health Authorities in England formed consortia arrangements within each region and delegated the Local Supervising Authority function to a Midwifery Officer, who is responsible for ensuring that the statutory requirements are fulfilled. This role and function continues to this day. Under special contractual arrangement, the States of Jersey and States of Guernsey also form part of the NHS South West Local Supervising Authority.

3.4 Each Strategic Health Authority either employs a Local Supervising Authority Midwifery Officer, or has a Service Level Agreement of consortium arrangements with other Strategic Health Authorities to ensure that the Local Supervising Authority function is carried out by a practising midwife as required by the Nursing and Midwifery Council.

3.5 The contact details for Sir Ian Carruthers OBE, Chief Executive of the South West Strategic Health Authority, and Val Beale, Local Supervising Authority Midwifery Officer, can be found at Appendix 1.

4. The Standards for Local Supervising Authorities

4.1 The functions of the Local Supervising Authorities are specified in Article 43 of the Nursing and Midwifery Order 2001:

- article 43 (2);
 - * the Council may prescribe the qualifications of persons who may be appointed by the Local Supervising Authority to exercise supervision over midwives in its area, and no one shall be appointed who is not so qualified;
- article 43 (3);
 - * the Council shall by rules from time to time establish standards for the exercise of Local Supervising Authorities of their functions and may give guidance to Local Supervising Authorities on these matters.

4.2 The current Midwives Rules and Standards came into force on 1 August 2004.

5. South West Strategic Health Authority

5.1 There are 16 acute units with 13 stand alone midwifery units. The units are listed in Appendix 2. The area has a combination of urban and rural settings covering a large geographical area.

5.2 Statutory supervision monitors all midwives practising within the Local Supervising Authority boundary, whether employed in the NHS, independently, through agencies or in the private sector, in higher education, independent practice, prisons or employed by general practitioners. All practising midwives must notify the Local Supervising Authority of their intention to practise by 31 March each year.

5.3 A total of 3,333 midwives notified their intention to practise within the boundary of NHS South West during 2008/09. There were 19 midwives who notified their intention to practise as self-employed during 2008/09.

Local Supervising Authority Midwifery Officer

5.4 The Local Supervising Authority Midwifery Officer is responsible for exercising the functions in relation to the supervision of midwives on behalf of the Local Supervising Authority. The core functions of the Midwifery Officer are to:

- ensure that frameworks exist to provide equitable supervision for all midwives;
- provide a framework of support for supervisory and midwifery practice;
- ensure that communication networks facilitate the effective exchange of information between Local Supervising Authorities, statutory bodies supervisors and midwives;
- manage the Intention to Practise process;
- ensure that each midwife meets statutory requirements and is eligible to practise;
- investigate cases of alleged impairment to practise;
- determine when to suspend a midwife from practice;
- ensure the safe preservation of supervisory and midwifery records;
- lead the development of standards and audit of supervision;
- manage the appointment of Supervisors of Midwives;
- ensure the provision of initial and ongoing education for supervisors of midwives;
- publish Local Supervising Authority procedures and a written Annual Report for the Nursing and Midwifery Council.

Objectives of the NHS South West Local Supervising Authority

5.5 The objectives of the NHS South West Local Supervisory Authority are to:

- discharge the statutory function as specified in the Nursing and Midwifery Council Rules and Standards;
- ensure safe, effective and appropriate midwifery care is provided through a robust framework of statutory supervision;
- promote excellence in midwifery practice and statutory supervision through audit and the dissemination of good practice;
- provide leadership and guidance to Supervisors of Midwives within NHS South West.

6. Nursing and Midwifery Council Requirement: Midwives Rules (Rule 16)

Standard 1

Each Local Supervising Authority will ensure that their Report is made available to the public

- 6.1 The NHS South West Local Supervisory Annual Report will be available for broad dissemination following formal submission to the Nursing and Midwifery Council on 30 September 2009. It will be sent to local NHS Trusts, key stakeholders and the public. It will be available as a hard copy, or electronic version. The report will also be available through the web site of the South West Strategic Health Authority: www.southwest.nhs.uk. The Annual Report for 2007/08 was also circulated widely, with 40 copies sent to various organisations. There were no specific requests for copies probably due to the fact that the report is easily accessible on the NHS South West web site. The Local Supervising Authority Midwifery Officer attended a number of Maternity Services Liaison Committee meetings to present the findings of the report.
- 6.2 NHS Southwest has met this Standard.

Standard 2

Numbers of Supervisors of Midwives Appointments, Resignations and Removals

- 6.3 The number of designated Supervisors of Midwives in NHS South West is 242; this is a slight increase on the figure for 2007/08 of 222. The designated Supervisors of Midwives in NHS South West are listed in Appendix 3. Table 1 below sets out the number of additions, resignations and removals.

Table 1: Table of additions, resignations and removals

Additions, Resignations and Removals	2006/07	2007/08	2008/09
Designated Supervisors	211	222	242
New appointments	18	20	26
Resignations/Retirements	9	9	5
Undertaking preparation	8	12	20

Source: Local Supervising Authority database

- 6.4 There were no suspensions or de-selections of Supervisors during 2008/09.

- 6.5 Although there is a wide variation in the number of Supervisors per area, most meet the minimum ratio of Supervisors to Midwives standard of 1:15 as set out in Table 2. There are two NHS Trusts, Plymouth Hospitals NHS Trust and University Hospitals Bristol NHS Foundation Trust, that have a higher ratio and have midwives currently undertaking the preparation course, to be designated later this year.

Table 2: Ratio of Supervisors to Midwives

Ratio of Supervisors to Midwives	
Dorset County Hospital NHS Foundation Trust (Dorchester)	1:14
Gloucestershire Hospitals NHS Foundation Trust (Orchard Centre, Gloucestershire, St Paul's Cheltenham)	1:11
Great Western Hospitals NHS Foundation Trust	1:15
North Bristol NHS Trust (Southmead)	1:15
Northern Devon Healthcare NHS Trust (Barnstaple)	1:8
Plymouth Hospitals NHS Trust (Derriford)	1:18
Poole Hospital NHS Foundation Trust (St Marys Unit)	1:13
Royal Cornwall Hospitals NHS Trust (Helston, Penrice, St Mary's, Truro)	1:15
Royal Devon and Exeter NHS Foundation Trust (Exeter)	1:15
Salisbury NHS Foundation Trust	1:10
South Devon Healthcare NHS Foundation Trust (Torbay)	1:10
Taunton and Somerset NHS Foundation Trust (Taunton, Mary Stanley Wing)	1:11
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	1:11
University Hospitals Bristol NHS Trust (St Michael's)	1:17
Weston Area Health NHS Trust	1:9
Yeovil District Hospital NHS Foundation Trust	1:14
NHS Devon (Honiton, Okehampton, Tiverton)	1:11
NHS Gloucestershire (Stroud)	1:11
NHS Wiltshire (Chippenham, Frome, Royal United Hospital Bath, Paulton, Shepton Mallet, Trowbridge)	1:17
Additional contractual arrangements for Guernsey and Jersey Boards of Health	1:8

Source: Annual Reports submitted to NHS South West

- 6.6 Areas where the Supervisors to Midwives ratio is lower generally have larger geographical areas or significant clinical issues to address, for example, areas of deprivation, domestic violence, drug or alcohol abuse, child protection issues or high rates of teenage pregnancy.
- 6.7 There has been general agreement and sign-up by all NHS Trusts in NHS South West to pay individuals for the supervision aspect of their role. The only area that currently does not sign up to this agreement is Jersey Board of Health.

- 6.8 All Universities in the South West run the Preparation of Supervisors of Midwives Course ratified by the Nursing and Midwifery Council/Academic academies. The courses run at slightly different times throughout the year and usually facilitate 12-20 course members.
- 6.9 As part of the overall workforce planning initiative, additional places have been commissioned for extra Supervisors of Midwives in order to support the additional commissioned midwifery places for the next five years.
- 6.10 The Local Supervising Authority Officer is a member of the course planning team at all sites and participates in delivering the course content to midwives. The courses are provided at both Degree (level 3) and Masters (level 4).
- 6.11 All potential Supervisors go through a rigorous nomination and selection process as set out in the Nursing and Midwifery Council publication, Standards for the Preparation and Practice of Supervisors of Midwives October 2006, before entering the course and prior to designation for the Local Supervising Authority. This process is described in the Local Supervising Authority guidance.
- 6.12 Professional updates for Supervisors of Midwives continue to be organised by the Local Supervising Authority, through both regional and national conferences, meetings and workshops.
- 6.13 Although other Local Supervising Authorities have identified a reduction in the number of midwives wanting to become Supervisors of Midwives, this trend has not been identified in the South West region. There are good numbers of midwives wanting to participate in both programme and duties of a Supervisor of Midwives.
- 6.14 Recommendations from The Nursing and Midwifery Council include:
- robust planning and recruitment strategy to ensure enough Supervisors of Midwives to meet supervisory requirements and to enhance safety and support for women;
 - * NHS South West has met this recommendation.

Standard 3

Details of how Midwives are provided with continuous access to a Supervisor of Midwives

- 6.15 Each maternity unit undertakes an annual audit of supervision which provides evidence of continuous access to supervision.

Choosing a Supervisor

- 6.16 Midwives can choose their Supervisor. In practice, newly appointed midwives are allocated a Supervisor, with the understanding that they can identify their top three Supervisors and are then allocated one of these. Due to demand/work constraints it is not always possible to allocate their first choice. Most units have developed local information leaflets or photo boards giving background information about the specialist interests and areas of expertise of the Supervisor.

Contacting a Supervisor/contingencies

- 6.17 Every unit has an on-call rota specifically for Supervisors of Midwives. There is always an on-call Supervisor available in each location, rotas are made available through delivery suite/switchboard. A few sites are co-located, and manage the on-call rota together. If there is any difficulty in locating a supervisor, midwives can contact either another nominated Supervisor in their locality, or any designated Supervisor within NHS South West, either direct, or through the Local Supervising Authority Officer. Details of Contact Supervisors in each location are published on an annual basis.

Audit

- 6.18 The units are required to evidence their procedures for compliance with continuous access to a Supervisor of Midwives during the annual audit process. All units were able to provide evidence of rotas, contact details and a review of calls usually on a monthly basis. Trends identified were complex child protection issues, capacity of service (either physical environment or staffing), or unusual clinical scenarios. There has been an increase in the number of women requesting home birth against medical advice. The plans of care for these women are proving to be time consuming, complex and challenging to many of the services.
- 6.19 Compliance was also reported in the Annual Report submitted to the Local Supervising Authority by each NHS Trust.

6.20 Recommendations from The Nursing and Midwifery Council state:

- the Local Supervising Authority should audit response times from Supervisors of Midwives to requests for advice from midwives;
 - * this has not been formally audited as information from the questionnaires in the preceding year demonstrated there were no concerns identified by midwives. The audit process allowed the Local Supervising Authority Officer and other audit team members to discuss this issue with midwives. There were no concerns identified and NHS South West has met this recommendation.

Standard 4

Details of how the Practice of Midwives is Supervised

6.21 The Midwives Rules and Standards (2004) set out the following:

Rule 12 – The Supervision of Midwives

- 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.

Audit of Local Supervising Authority Standards

6.22 Supervisors of Midwives strive to ensure that midwives have a positive relationship with their named 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;
- ensures that the midwife acts as an advocate for women.

6.23 There are five key standards set for the Supervision Audit of Midwifery Practice and these are:

- Standard 1 - Women Focused Maternity Services;
- Standard 2 – Supervisory Systems;
- Standard 3 – Leadership;
- Standard 4 - Equity of Access to Statutory Supervision of Midwives;
- Standard 5 - Midwifery Practice.

6.24 The aim of the audit is to:

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

6.25 The audit process consists of a self audit against the standards, followed by a visit by a team of auditors that included the Local Supervising Authority Midwifery Officer, Supervisor of Midwives, Educationalist and Lay Representative.

6.26 Supervisors of Midwives in England now work to a common set of standards developed by the National Local Supervising Authority Forum, for the Supervision of Midwives and midwifery practice.

- 6.27 Communication with Supervisors for day to day issues is through a cascade system. The Local Supervising Authority Midwifery Officer (or office) sends information to the contact Supervisor for onward dissemination. Information though the Local Supervising Authority database is developing; maternal death notification, serious untoward incident reporting and more general topics are now cascaded through this route. It is planned that direct communication with each Supervisor will be initiated throughout 2009.
- 6.28 Contact Supervisor meetings and Annual Conferences are also held, as well as invitations to ad-hoc meetings, for example, work-force planning, commissioning or the Payment by Results process.
- 6.29 There have been a number of challenging cases where Supervisors of Midwives have supported women in their choice of birth and supported midwives through these scenarios, for example breech birth against medical advice at home. A clear plan of care was set out with the woman and her family whilst additional workshops were organised for the midwives. These covered legal aspects of care, clinical requirements update for breech birth at home, emergency procedures and communication plan.
- 6.30 Recommendations from The Nursing and Midwifery Council state that:
- Local Supervising Authorities should provide evidence of action taken and progress in response to risks communicated to them by the Nursing and Midwifery Council.
 - * The South West region believes that evidence has been provided and progress has been made. NHS South West has met this recommendation.

Standard 5

Evidence that Service Users have been involved in Monitoring Supervision of Midwives and Assisting the Local Supervising Authority Midwifery Officer with the Annual Audits

- 6.31 The new audit process requires lay representation throughout. The involvement of service users had been encouraged over the last few years, but this year this involvement has become more formal. The intention is for full representation at each audit for the forthcoming year. If this cannot be arranged, the audit will be rescheduled. This is to ensure that lay representation forms a significant part of the review. The representatives are usually nominated through the local service. Initially training is then given by the Local Supervising Authority Midwifery Officer. The user representatives are also used as part of the selection process for candidates to undertake the preparation of supervisors of midwives course. Their input is extremely useful, and valued.

6.32 An information leaflet is available for users to give information about the Local Supervising Authority function in NHS South West.

6.33 Recommendations from the Nursing and Midwifery Council state that:

- a formal recruitment and training programme should be devised.
 - * during the last year, significant progress has been made using the following:
 - increased web site with new information regarding the South West Local Supervising Authority;
 - women have been invited to conferences held in the region;
 - all units now have information freely available to women through notice boards, information leaflets and the web site;
 - in one organisation, there has been an innovative programme introduced to encourage young people and ethnic diverse groups to become midwives and led by Supervisors of Midwives. The programme takes the form of a structured placement for a few days with introduction to background information about midwifery, a visit to wards and community placements and a round up with information about the application process and availability of posts and salary scales. The programme has been very well received.
 - * NHS South West has met this recommendation.

Standard 6

Evidence of Engagement with Higher Education Institutions in Relation to Supervisory Input into Midwifery Education

Interface with Higher Education Institutions

6.34 Three Higher Education Institutes provide education for midwives and Supervisors:

- Institute of Health Studies, Bournemouth University;
- University of the West of England, Bristol;
- Institute of Health Studies, University of Plymouth.

- 6.35 The Higher Educations Institutes and Supervisors of Midwives are involved in the commissioning and delivery of courses for all aspects of midwifery and the supervision cycle.
- 6.36 The Local Supervising Authority Midwifery Officer meets quarterly with each establishment, and is invited to other pertinent midwifery discussions. The Local Supervising Authority Midwifery Officer regularly lectures to Pre/Post Registration students and under/post graduate candidates.

Preparation of Supervisor of Midwives

- 6.37 The Preparation for Supervisors of Midwives course is available at both degree and masters level at the three Universities. The Local Supervising Authority Midwifery Officer liaises closely with the Lead Midwife for this course and contributes to quality assurance monitoring. The Local Supervising Authority Midwifery Officer is a member of the course management team and contributes to the planning and teaching and assessment and evaluation of this course.
- 6.38 Sign off mentors attend an update day with their supervisees and, if interested, are able to attend any part of the course with their student.
- 6.39 The Local Supervising Authority Midwifery Officer lectures on all midwifery courses.
- 6.40 The Local Supervising Authority Midwifery Officer also attends various research meetings and ensures that information is disseminated to Supervisors of Midwives and midwives through the region.

On-going Professional Development of Supervisors

- 6.41 Each Supervisor is required to provide evidence of a minimum of 15 hours professional development and updating in each registration period.
- 6.42 This evidence is monitored through the Local Supervising Authority database. The Local Supervising Authority Midwifery Officer has commenced one to one interviews with the designated Supervisors of Midwives. Notes of these interviews are held on the Local Supervising Authority database.
- 6.43 The Local Supervising Authority Midwifery Officer meets with various groups of Supervisors throughout the year and organises an annual conference. The last conference was held at The Grand Hotel Torquay in April 2008 and the programme is set out in Appendix 4. In 2009, there will be a series of workshops in conjunction with the Centre for Maternal and Child Enquiries. The workshops are supervision focussed and will look at true cases. The next national Local Supervising Authority Conference is due to be held in April 2010.

6.44 Following the recent Nursing and Midwifery Review of the Local Supervising Authority it was suggested that regular meetings be rescheduled for the Contact Supervisors of Midwives. These will be scheduled on a quarterly basis throughout 2010.

Supported and Supervised Practice

6.45 There have been a number of supported and supervised practice programmes throughout the year. The interface between the Higher Education Institutions, local services and Local Supervising Authority has been excellent – leading to successful outcomes in most cases.

6.46 Recommendations from The Nursing and Midwifery Council state that:

- Local Supervising Authorities should feedback to Higher Education Institutions, education commissioners about any concerns noted;
 - * there have not been any concerns that warranted dialogue with the Nursing and Midwifery Council this year;
- Local Supervising Authorities should monitor and report any concerns about the competency of newly qualified midwives to the Nursing and Midwifery Council;
 - * there have been no serious concerns this year;
- Local Supervising Authorities should explore collaborative working with other organisations that have a safety remit;
 - * this has occurred, therefore NHS South West has met this recommendation.

Standard 7

Details of any New Policies related to the Supervision of Midwives

6.47 The Local Supervising Authority is required to publish its procedures associated with the supervision of midwives. This information is available through both the web site of the South West Strategic Health Authority www.southwest.nhs.uk and the Local Supervising Authority Midwifery Officers Forum www.midwife.org.uk.

6.48 Supervisors are informed of changes with new links and an opportunity to discuss these at meetings with the Local Supervising Authority Midwifery Officer. The Local Supervising Authority guidance has been updated and was republished in September 2008. This guidance can also be accessed via the Local Supervising Authority Midwifery Officers Forum web site www.midwife.org.uk . The updated Local Supervising Authority Guidelines are now in three sections:

- Guidance to Support Midwives Rules and Standards;
- Statutory Guidance;
- Local Guidance.

6.49 The following information can be obtained from the web site:

- The Local Supervising Authority Strategic Direction;
- Standards for Supervision;
- National Guidelines for Supervisors of Midwives;
- National Guidance on Supervised Practice Programmes;
- Local Guidance for Supervisors of Midwives;
- Information about the Local Supervising Authority Database;
- Local Supervising Authority Publications;
 - * Modern Supervision in Action;
- Information leaflet for Parents.
 - * NHS South West has met this Standard.

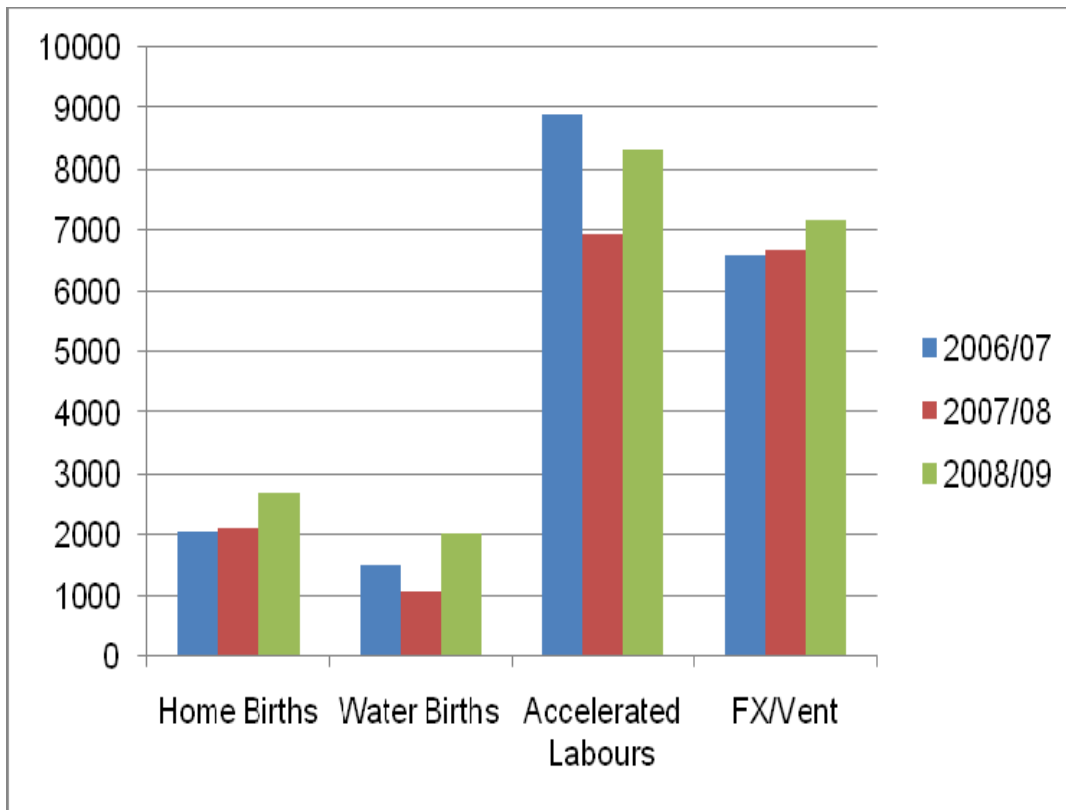
Standard 8

Evidence of Developing Trends Affecting Midwifery Practice in the Local Supervising Authority

Clinical Activity

6.50 Information for this section has been collected by the Local Supervising Authority through submission of an Annual report and maternity statistical information submitted by each Contact Supervisor of Midwives from every service in the South West. This information is discussed with the Workforce and Information Technology departments with the Local Supervising Authority. The statistical table is formulated by these departments.

Figure 1: Comparison of statistical data 2006/07 and 2007/08 – 2008/09



Source: NHS South West

- 6.51 There has been a rise in the number of home births conducted over the last year, an extra 600 births which raises the overall home birth rate by 1% to 5%. Water births have increased from 1,070 in 2007/08 to 2,049 in 2008/09, an increase from 2% to 4%. Accelerated labours have increased slightly from 12% in 2007/08 to 14% in 2008/09, whilst Instrumental deliveries and Ventouse deliveries have remained at a constant level.
- 6.52 There has been an increase in planned caesarean sections from 8% in 2007/08 to 10% in 2008/09, with the added increase in emergency caesarean sections from 11% to 12%. Overall, the caesarean section rate has increased by 3% from 2007/08, despite intervention work through the Institute of Innovation and Improvement.
- 6.53 Overall, the birth rate has increased by 2,041 births, a percentage rise of 3.6%.

- 6.54 The stillbirth rate has increased from 216 in 2007/08 to 266 in 2008/09. However, given the increase in the birth rate, the percentage rate remains the same. The Confidential Enquiry into Maternal and Child Health Perinatal Mortality 2007 published in July 2009 shows an overall adjusted stillbirth rate of 3.4 compared to an England rate of 3.9; a perinatal mortality rate of 4.7 compared to an England rate of 5.4 and a neonatal mortality rate of 1.8 compared to an England rate of 2.0.
- 6.55 There were eight maternal deaths reported throughout the year of which six were indirect deaths and two were direct deaths. There were no trends identified.
- 6.56 During this year, a ruling by a Coroner was received in relation to twins that were stillborn in Avon. The case was subject to National media reporting.
- 6.57 The Local Supervising Authority Midwifery Officer forms part of the Confidential Enquiry into Maternal and Child Health central assessment panel and has contributed to the Confidential Enquiry into Maternal and Child Health Triennial report.
- 6.58 Breast feeding initiation rates have remained constant at 68% in 2008/09.
- 6.59 The Strategic Framework for Improving Health in the South West 2008/09 to 2010/11 states that:
- good maternal health and high quality maternity care throughout pregnancy and after birth has a direct impact on the health and life chances of newborn babies, on the healthy development of children and their resilience to problems encountered later in life;
 - outcomes of pregnancy for vulnerable and disadvantaged groups are a cause for concern with inequalities in rates of maternal and infant mortality. An estimated 30% of domestic violence cases start or escalate during pregnancy leading to increased rates of miscarriage, low birth weight, premature birth, fetal injury and fetal death. Nationally, up to 30% of the worst-off women do not get in touch with their maternity services until they are at least five months pregnancy, if they do so at all;
 - the demographic and lifestyle challenges include a rising birth rate, more women having babies later in life, more births to women from outside the United Kingdom, more assisted conceptions and the needs of teenage mothers who are three times more likely to smoke during pregnancy than older mothers. These factors increase the number of mothers who are assessed as being higher risk;

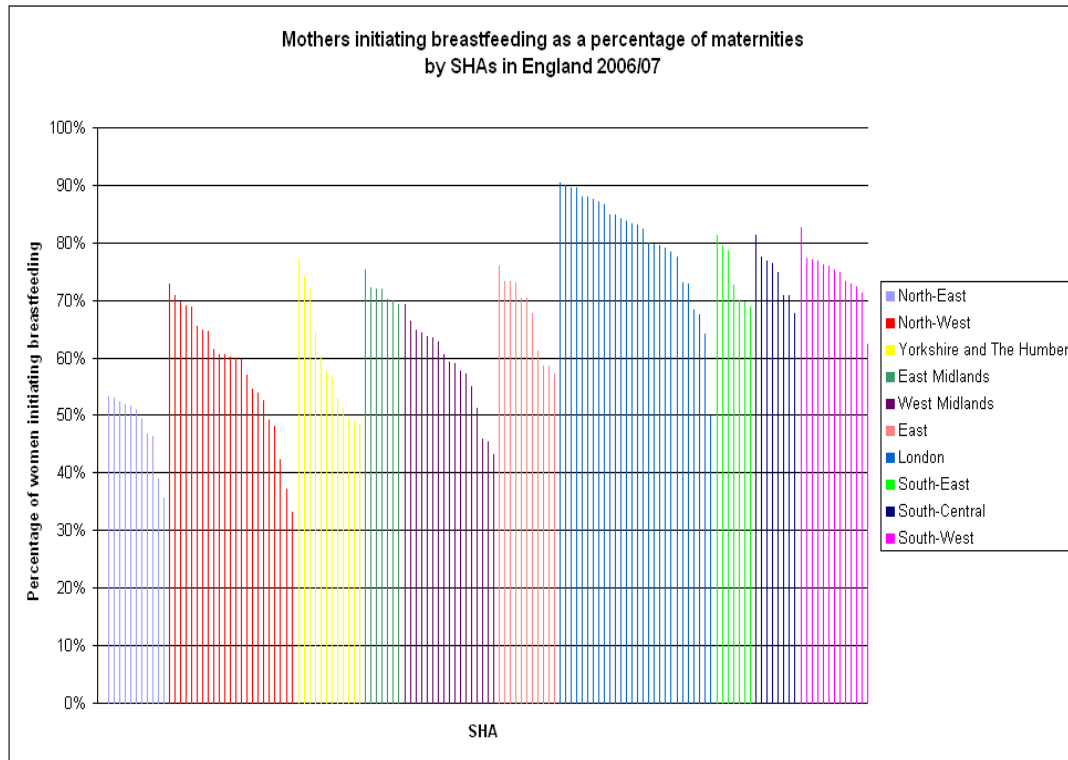
- the expectations of women for a more responsive service are rising. Whilst a survey of women found that 80% were pleased with their care, they also would have preferred more choice about the type of care available and about where to have their baby. Women with low risk pregnancies can safely have their babies at home, in community settings and in midwife-led units. When these options are more widely available as well-supported choices from skilled health professionals, there tends to be a greater take-up of home birth, birth in community settings and birth in midwife-led units. Clearly choice is more limited for women with complicated pregnancies;
- possible developments in specialist services including neonatal services, perinatal mental health services and perinatal pathology services are not universally available.

Present position

6.60 Evidence regarding the present position in the South West indicated that:

- in 2008/09, there were 58,422 births in the South West, a rise of 3.6% on the previous year;
- the South West has one of the lowest stillbirth rates in the United Kingdom, but at 4.4 per 1,000 total births, compared to a national rate of 5.5 per 1,000 births remains an area for action in the South West;
- perinatal morbidity and mortality is higher in routine and manual socio-economic groups and black and minority ethnic groups according to the Confidential Enquiries into Maternal and Child Health (2007);
- breastfeeding for the first six months is not uniformly supported. It is estimated that in the South West, 68% of women initiate breastfeeding in the first week, compared to 67% in England. This reduces to 57% on discharge from the midwife. Figure 1 outlines mothers initiating breastfeeding figures by Strategic Health Authorities.

Figure 2: Mothers initiating breastfeeding – by Strategic Health Authorities



Source: Department of Health Public Service Agreement data – Mothers initiating breastfeeding 2006/07. Each bar on the diagram represents a Primary Care Trust

6.61 Examples of best practice in the South West include:

- home birth in South Devon: high quality integrated midwifery care with 12% home births;
- the Exeter First Trimester Screening Clinic at the Royal Devon and Exeter NHS Foundation Trust;
- the Bristol Pregnancy and Domestic Violence Programme run by North Bristol NHS Trust and the University of the West of England;
- the Fetal Telemedicine link at Royal Cornwall Hospitals NHS Trust;
- the SaFE study (Simulation and Fire-drill Evaluation) in the South West that demonstrates how a training intervention is associated with an improvement in neonatal outcomes;
- the use in some centres of the Vermont/Oxford neonatal network in international benchmarking to identify where interventions to improve outcomes are required.

6.62 A full list of clinical activity is set out at Appendix 5.

Public Health

6.63 National confidential enquiries into maternal and neonatal deaths highlight the importance of recognising the relationship between adverse outcomes and social and economic disadvantage. The work relating to public health issues and Keeping healthy continues. There are two sites in the South West that now run specific intervention courses for teenage mothers, linked to the Department of Health.

6.64 Psychiatric illness has been identified as a leading cause of maternal death (Department of Health 2004). Mental health services are very poor with just two units providing mother and baby facilities. During this year, the South West Strategic Health Authority commissioned work to provide an overview of mental health services for women. A task force has now been set up to address the inconsistencies within the region.

Smoking

6.65 Smoking cessation, drug interventions and alcohol interventions are still very high profile.

6.66 Choosing Health: Making healthy choices easier, published by the Department of Health in 2004, set a target to reduce adult smoking rates from 26% to 21% or less by 2010. The 2008/09 range is from 2 – 22%. These figures are very similar to the previous year, despite the introduction of a co-ordinated smoking cessation intervention programme.

Capacity

6.67 Historically, maternity units have been able to cope well with the peaks and troughs of a fluid workload; but for the first time, there has been temporary closure to admission due to capacity or staffing issues. Local closure plans have been invoked.

Complexity

6.68 As reported in 2007/08, the overall complexity of cases has had a significant impact on service delivery. Units are finding that the level of women requiring high dependency care has escalated beyond all expectation. This has resulted in additional designation of high dependency areas, the requirement for additional training for specialist midwives in complex care and has had a major impact on the overall throughput of cases on delivery suites. For example, there is a marked increase in obese women, those with congenital abnormalities that previously would not have reached conception age, multiple births through assisted conception, operative deliveries, the use of epidural/spinal anaesthesia and a high level of expectation from the users.

Choice

- 6.69 The majority of healthy women are able to give birth with the minimum of medical intervention. Most women prefer to keep things as normal as possible providing that their baby is safe and that they feel able to cope.
- 6.70 There is general concern about the rising intervention rates and wide variations between different services in terms of planned and unplanned caesarean sections. The Institute of Innovation and Change has worked closely with units in the South West region during the last year to try and address some of these issues through the use of the caesarean section intervention toolkit.
- 6.71 The majority of units offer acute service birth midwifery-led often co-located alongside the acute service or home birth. Significant numbers of women have the option of using a stand alone midwife-led facility. There are 13 units of this type throughout the area.

Quality, Risk and Reporting

- 6.72 Serious Untoward Incidents are referred to the South West Strategic Health Authority by the local NHS Trusts. The Local Supervising Authority Midwifery Officer is informed of all Serious Untoward Incidents relating to maternity services. Each case is reviewed with the local service and risk manager from the South West Strategic Health Authority. This information is shared with the Strategic Health Authority Patient Safety Action Team.
- 6.73 The Local Supervising Authority Midwifery Officer disseminates information and lessons learnt from these occurrences. The clinical incidents are discussed at the NHS South West Patient Safety Action Team meeting where serious alerts with lessons learned are circulated immediately. Or, more commonly, information is disseminated on a quarterly basis.
- 6.74 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 Maternity Clinical Risk Management Standards was developed. The new standards have been set and have been piloted in a number of units throughout the year. The findings and outcomes have not yet been published.

National Service Framework for Children, Young People and Maternity Services (Standard 11) (Department of Health 2004)

- 6.75 This document has set the framework and agenda for maternity services within England. The main principles continue to be set around continuity and choice for women and their families. Inter-agency and multi-professional working with women supports the holistic approach. The central aim is to support and improve the health and wellbeing of the mother, as this will have positive benefits for the development of the child and whole family. The issues identified last year still continue to be relevant. The Strategic Health Authority monitors the progress of each NHS Trust through a tool evidenced in Appendix 6.
- 6.76 There are many other examples of continuing good practice that were identified last year and new developments. These include:
- health-led parenting projects;
 - the development of new models of care including maternity support workers;
 - the development and involvement in children's centres;
 - systems to ensure midwives are first point of contact;
 - new antenatal care drop-in facilities in Sainsbury's, Boots and ASDA;
 - the continued work to reduce teenage pregnancies through specific intervention project;
 - single point of referral for teenagers;
 - midwifery links with HM Prison Service;
 - development of groups to assist immigrants;
 - increased out of hospital births, working with fathers, developing user forums, smoking cessation support and robust child protection systems;
 - taster days to expose young persons to the role of the midwife;
 - increased attendance on neonatal life support courses;
 - the setting up of specialist clinics for those women undergoing vaginal birth after caesarean section (VBAC);
 - new computer systems in many services;
 - opening of small midwife-led unit in Newton Abbott.

6.77 The National Service Framework also has its challenges for the service including lack of dedicated perinatal mental health service, identification and response to domestic violence, implementation of Healthy Start programme, one to one care in labour, development of maternity support workers role, development of inclusive services for women with learning and physical disabilities, effective postnatal care, increased facilities for midwife-led care and water birth.

6.78 As part of The NHS Next Stage Review: Our NHS, Our Future, the South West Strategic Health Authority has developed The Draft Strategic Framework for Improving Health in the South West 2008/09 to 2010/11; this includes the requirements of Standard 11 of the National Service Framework for Children, Young People and Maternity Services. The ambitions for expectant mothers and newborn include:

- choice of how to access maternity care, including self referral to the local maternity service by March 2009;
- choice of type of antenatal care, including midwifery care or team care by 31 March 2009;
- through responding to individual choices, to increase the percentage of babies born at home from 4% to 10% and in midwife-led units from 10% to 30% by 31 March 2011;
- increase the normal birth rate by 1% per year and as a result, reduce the caesarean section rates to an optimum level with a clear improvement in maternal and perinatal morbidity;
- increase the percentage of women breast feeding their children at six to eight weeks from 37% to 60% by March 2011;
- achieve United Nations Children's Fund Baby Friendly Initiative status or equivalent in all maternity service by 31 March 2010.

6.79 Recommendations from the Nursing and Midwifery Council include:

- to develop action plans to improve the safety of women and babies in response to any identified trends;
 - * this has been actioned through discussion with the Lead for Maternity Services in NHS South West and action plans have been developed;
- Local Supervising Authorities should move to an electronic method of storing data;
 - * this occurs, therefore, NHS South West has met this recommendation.

Standard 9

Details of the Number of Complaints Regarding the Discharge of the Supervisory Function

6.80 There have been no complaints against Supervisors or the discharge of the supervisory function during this period.

- NHS South West has met this Standard.

Standard 10

Reports on all Local Supervising Authority investigations undertaken throughout the year

6.81 There have been two formal Local Supervising Authority investigations conducted during the year, relating to serious clinical incidents where midwifery practice had been called into question.

6.82 There was one referral to the Nursing and Midwifery Council. This referral related to the practice of an independent midwife. The midwife was immediately suspended pending investigation by the Nursing and Midwifery Council. The case has not yet been heard.

6.83 There were 14 investigations carried out by Supervisors of Midwives with reference to the Local Supervising Authority. These required either supported or supervised practice. Overall, there were six programmes of supported practice and eight programmes of supervised practice throughout the year. Although there were no referrals by the Local Supervising Authority to the Nursing and Midwifery Council, there were two midwives who required direct referral from their employers with supplementary information provided by the Local Supervising Authority.

6.84 As last year, the main themes include:

- poor cardiotocograph interpretation;
- poor record keeping and documentation;
- inappropriate attitude with an inability to recognise, or willingness to amend, poor interpersonal skills;
- lack of competence in new role;

- lack of referral to senior personnel/medic;
- drug errors;
- lack of understanding about Professional accountability.

6.85 In addition, there has been several local case reviews carried out by the Local Supervisory Authority Midwifery Officer on behalf of NHS Trusts. Mostly these cases relate to poor communication, poor record keeping and practice issues, often with a poor outcome for either mother or baby.

Workforce issues

6.86 Heads of Midwifery are at different stages of the planning cycle and introduced different models of care and different skill mix dependent on the locality and NHS Trust requirements. In order to compensate for the anticipated impact of both the rising birth rate and the demographic time bomb, significant work has been carried out in respect of future requirements. Appendix 7 shows the age profile of midwives in the South West region as at 31 March 2009.

6.87 The Workforce Department at NHS South West has been instrumental in leading a significant piece of work to meet the requirements of the future workforce. This has included Heads of Midwifery service, educational leads, commissioners of services and other key personnel, together with lay representatives to formulate a strategic plan for the next five years. This plan has been ratified by the Department of Health and equates an additional 332 Whole Time Equivalent midwives to be introduced over the next five years.

6.88 Part of the plan includes the re-introduction of a midwifery short course, 18-24 months, in all universities. The first course will commence in September 2009. There will be a need for additional places for the preparation of Supervisors of Midwives course in order to ensure effective supervision for the increasing numbers of students and midwives. Further considered has been given to ensure the role of maternity support worker is also taken forward.

The Local Supervising Authority Midwifery Officers Forum UK

6.89 The aim of this section is to provide an update on the Local Supervising Authority Midwifery Officer (LSAMO) Forum UK activity during the year 2008/09. The purpose of the Forum is to enable the Local Supervising Authority Midwifery Officers to work collaboratively with other stakeholders to ensure there is consistent and equitable approach to achieving the standards set by the Nursing and Midwifery Council. The Forum is currently working to a four-year strategy which describes the work plan over the following years. The Local Supervising Authority Medical Officer Forum UK consists of 16 Local Supervising Authority Midwifery Officers from across the United Kingdom. Each year the forum meets on six occasions for two days at different venues across the United Kingdom hosted by the Local Supervising Authority. The forum met on the following occasions:

- May 2008 NHS Yorkshire and Humber;
- July 2008 NHS South West;
- September 2008 NHS London;
- November 2008 NHS North West;
- January 2009 NHS London;
- March 2009 NHS Scotland.

6.90 The forum is chaired by a Local Supervising Authority Midwifery Officer. The chair and vice chair are voted in with the vice chair becoming the chair the following year.

Stakeholder Involvement

6.91 The forum agendas are full and invited stakeholders in 2008/2009 included:

- Kings Fund – Safer Births;
- Birth Place Study;
- Chief Nursing Officers from four countries;
- Nursing and Midwifery Council – Midwifery representatives and Fitness to Practise Manager;
- Department of Health – standards for care, workforce and return to practice (RTP), Maternity Matters, Family Nurse Practitioners;
- HMS Coroner;

- NHS Litigation Authority;
- Health Care Commission/Care Quality Commission;
- Independent Midwives – Holistic Birth Centre;
- Confidential Enquiry Maternal and Child Health;
- National Patient Safety Agency;
- Royal College of Midwives – General Secretary and Representatives;
- Safeguarding practitioners.

Local Supervising Authority Midwifery Officer engagement

6.92 Local Supervising Authority Midwifery Officers are members of other forums and represent the Local Supervising Authority Midwifery Officer Forum UK on:

- National Patient Safety Agency;
- Nursing and Midwifery/Local Supervising Authority Midwifery Officer Strategic Reference Group;
- Maternity Matters Advisory Group;
- Midwifery 2020;
- Midwifery Supply Orders Working Group;
- Nursing and Midwifery Council Review of Rules and Standards Steering Group.

Work of the Forum

6.93 The Local Supervising Authority Midwifery Officer Forum UK meetings include developing, progressing and identifying future work. Work undertaken by the forum in 2008/09 included:

- development of new Local Supervising Authority National Guidelines- available at www.midwife.org.uk;
- role of contact supervisors;
- guidance for supervisors on suspension from practice;

- guidance for investigation of midwives fitness to practise;
- process of appeal against a decision to suspend a midwife from practice by the Local Supervising Authority.

6.94 Publications available at www.midwife.org.uk:

- Local Supervising Authority Midwifery Officers Forum UK Strategic Direction 2008 – 2011;
- Modern Supervision in Action - posted to every registered midwife in the UK;
- Local Supervising Authority Midwifery Officer Forum UK Strategy Update May 2009.

Local Supervising Authority National Conference

6.95 The Local Supervising Authority Midwifery Officer Forum UK held a national conference in April 2008 which was attended by 500 Supervisors of Midwives and midwives from Local Supervising Authorities across the United Kingdom. Overall, the conference was evaluated as excellent. Supervision seminars shared areas of good practice that had been developed by Supervisors of Midwives. The Strategic Direction for 2008/11 was launched at the national conference.

Conference Attendance

6.96 The Local Supervising Authority Midwifery Officer Forum UK aims to have Local Supervising Authority stands at several high profile conferences each year:

- Local Supervising Authority National United Kingdom conference;
- International Confederation of Midwives conference;
- Nursing and Midwifery Council conference;
- Student Midwife conference.

6.97 The Local Supervising Authority stand at conferences enables numerous midwives and students to meet with Local Supervising Authority Midwifery Officers and ask questions regarding supervision. The stand also distributes printed information regarding supervision of midwifery and contact details for the midwives to take away.

Local Supervising Authority Annual Audit

- 6.98 The Local Supervising Authority Midwifery Officers have explored different audit methodologies to fulfil the 54 standards from the Midwives Rules and Standards, Nursing and Midwifery Council 2004. This has enabled the Local Supervising Authority Midwifery Officers to have a portfolio of audit methodologies to enable different approaches to be taken.

Local Supervising Authority Database

- 6.99 This has been contracted to by more Local Supervising Authorities over the year and now there is only one Local Supervising Authority not accessing the database. This enables consistency of records across the United Kingdom and easy transfer from one supervisor to another when midwives move around the United Kingdom. It also enables timely effective notification of Intention to Practise to the Nursing and Midwifery Council.

Local Supervising Authority web site

- 6.100 This was developed last year and has been enhanced to include links to professional bodies and other Local Supervising Authority associated sites. It has proved to be an excellent resource for midwives, Supervisors of Midwives and the general public.

- NHS South West has met this Standard.

7. Conclusion

- 7.1 The statutory requirements as set out within the Midwives Rules and Standards (2004) have been met as set out in Appendix 8.
- 7.2 Global changes and profound advances in treatments are transforming public expectations of health and social services. Women are less willing to passively accept what has been traditionally offered. They rightly expect to make choices, to be kept informed and to play an active part in decisions which affect their lives. There are also growing expectations for services to be flexible and responsive to a variety of personal circumstances.
- 7.3 NHS South West is making good advances in meeting the expectations of women and their families. The services are still full of dedicated staff providing excellent care for the local population.
- 7.4 Maintaining choice for women and their families for maternity services and place of birth is essential and needs to be taken into consideration when services are reconfigured.

- 7.5 Clinical activity overall shows a very small increase in births over the last year, despite many units seemingly reporting a significant rise in activity overall. It will be interesting to see whether the figures next year demonstrate another significant increase in births, or more complex care bundles.
- 7.6 The number of investigations and midwives undertaking supported and supervised practice has increased leading to a heavier work-load for Supervisors of Midwives and educationalists.
- 7.7 Any comments or requests for further information should be addressed to:

Val Beale
Local Supervising Authority Midwifery Officer
South West Strategic Health Authority
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

Signed and dated:

.....
Sir Ian Carruthers OBE
Chief Executive
NHS South West

.....
Liz Redfern CBE
Director of Patient Care and Nursing
NHS South West

.....
Val Beale
RN RM DipMan MSc
Local Supervising Authority Midwifery Officer
NHS South West

Appendices

- Appendix 1** Chief Executive Officer and Local Supervising Authority Midwifery Officer contact details
- Appendix 2** Maternity Units in NHS South West
- Appendix 3** Designated Supervisors of Midwives in NHS South West
- Appendix 4** Supervisors of Midwives Conference
- Appendix 5** Clinical Activity
- Appendix 6** NHS South West Self-Assessment Tool
- Appendix 7** Age Profile of Midwives
- Appendix 8** The statutory requirements met with regard to the Midwives Rules and Standards (2004)

Appendix 1

Chief Executive Officer and Local Supervising Authority Midwifery Officer contact details

This appendix sets out the contact details for the Chief Executive Officer and Local Supervising Authority Midwifery Officer.

**Chief Executive Officer and Local Supervising Authority
Midwifery Officer Contact Details**

Chief Executive Officer

Sir Ian Carruthers OBE
South West Strategic Health Authority
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

01823 361303

Local Supervising Authority Midwifery Officer

Val Beale
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South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

01823 361234

Val.beale@southwest.nhs.uk

www.southwest.nhs.uk

Appendix 2

Maternity Units in NHS South West

This appendix lists the Maternity Units in NHS South West.

Maternity Units in NHS South West

Dorset County Hospital NHS Foundation Trust (Dorchester)

Gloucestershire Hospitals NHS Foundation Trust (Orchard Centre, Gloucestershire, St Paul's Cheltenham)

Great Western Hospitals NHS Foundation Trust

North Bristol NHS Trust (Southmead)

Northern Devon Healthcare NHS Trust (Ladywell Unit, Barnstaple)

Plymouth Hospitals NHS Trust (Derriford)

Poole Hospital NHS Foundation Trust (St Mary's Unit)

Royal Cornwall Hospitals NHS Trust (Helston, Penrice, St Mary's, Truro)

Royal Devon and Exeter NHS Foundation Trust (Exeter)

Salisbury NHS Foundation Trust

South Devon Healthcare NHS Foundation Trust (Torbay)

Taunton and Somerset NHS Foundation Trust (Mary Stanley Wing, Taunton)

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

University Hospitals Bristol NHS Foundation Trust (St Michael's)

Weston Area Health NHS Trust

Yeovil District Hospital NHS Foundation Trust

NHS Devon (Honiton, Okehampton, Tiverton)

NHS Gloucestershire (Stroud)

NHS Wiltshire (Chippenham, Frome, Royal United Hospital Bath, Paulton, Shepton Mallet, Trowbridge)

Additional contractual arrangements for Guernsey and Jersey Boards of Health

Appendix 3

Designated Supervisors of Midwives in NHS South West

This appendix lists the designated Supervisors of Midwives in NHS South West.

Abbott Elizabeth
Archibald Avril
Ashford Teresa
Atkin Judith
Auffret Janet
Axon Carol
Bailey Joanne
Bailey Marion
Bailey Sylvia
Baird Kathleen
Baker Nicky
Baker Sylvia
Ballard Julie
Balouza Carolyn
Bamforth Rebecca
Barker Janet
Barling A
Bartlett Patricia
Bedwell Eileen
Birkett Janice
Borton Christine
Brace Glynis
Brayley Julie
Brewster Michelle
Broadberry Margaret
Brunt Caroline
Casken Patricia
Chappell Valerie
Churchill Wendy
Claridge Sarah Jane
Clarkson Jeanne
Coker Fiona
Collins Susan
Comley Jill
Cook Cecily
Cotter Joy
Cox Belinda
Crocker-Eakins Linda
Cullimore Roberta
Damsell Lisa
Davies Dee
Davies Mary
Davis Kirsty
Davis Sue
Deakin Wendy
Denholm Maggie
Dhanowa Balwinder
Doris Faye
Dorrington Diane
Dorrington Melanie
Drury Julia
Dunstan Susan
Edwards Ailish
Edwards Christine

Elliman Rebecca
Ettle Helen
Evans Katy
Fardon Helen
Fielding Rachel
Figg Treena
Fitzpatrick Sarah
Fletcher Hilary
Ford Jennifer
Fowler Jane
Francomb Helen
Freeman Emma
Fry Karen
Funning Anne
Furner Margaret
Galan-Bamfield Alexandra
Galdeano Nicola
Gamlin Jenny
Gangadaran Kala
Geary Julie
Gell Amanda
Gibson Amanda
Glasson Rachael
Glynn Maureen
Govier Alyson
Grant June
Grant-Jones Joan
Granville Lisa
Green Sarah
Grellier Jane
Hancock Susan
Harris A
Harrison Katherine
Hatfield Esther
Hedlay Carole
Hicken Linda
Hill Jennifer
Hill Susan
Hillan-Sandmeier Rachel
Hooper Andrea
Horan Rachel
Hudson Catherine
Hurrell Sharon
Hutchins Jeannie
Hylton Grace
James Alison
Jappe Graham
Jayes Josephine
Jeffery Elizabeth
Jones Carole
Kahan Suzanne
Kelso Helen
Kent Ann Catherine
Killah Doreen

Kinsey Shirley
Knight Angela
Lawless Sharon
Leak Helen
Leamon Jennifer
Lewis Paul
Leyshon Lynne
Lobley Jacqueline
Lord Carole
Loven Sally
Luke Val
Lupton Phillipa
Macdonald Maggie
Macphail Nicola
Mandy Rachel
Mant Susan
Marsh Alison
Marshall Lisa
May Mcwhinnie Roberta
Mcgill Pauline
Mcghee Pat
Mcgrath Teresa
Mclaughlin Sian
Meadows Eirlys
Melbourne Kim
Metcalf Margaret
Miles Lucy
Moles Hilary
Molloy Cathy
Morrall Dawn
Mortimore Vivien
Morton Alison
Moxham Jacqueline
Murphy Clare
Murphy Susan
Myles Linda
Neumann Daisy
Noblett Susanne
Northrop Julie
Nurse Gwenda
O'callaghan Siobhan
Orchard Beryl
Oxby Deborah
Palmer Kathryn
Parker Heather Yvonne
Patterson Maria
Payne Sheena
Peachey Elaine
Pearse Christine
Pearson Cleopatra
Phillips Nicola
Phillips Teresa
Podkolinski Jane
Pollard Janet

Poole Michelle
Preston Julie
Quinn Phillipa
Rashleigh Christine
Rattigan Christina
Read Moira
Reading Sandra
Rees Eirwen
Reeves Tracey
Remmers Ann
Riall Gwenllian
Rice Ruth
Richards Sandra
Roberts Katherine
Roberts Lorrae
Robinson Shirley
Ross McGill Helen
Roussell Tuija
Saint Hong
Schoen Mary
Seddon Wendy
Sheldon Sara-Jane
Smith Janet
Smith Margaret-E
Smith Pat
Smith Sally-Ann
Snelgrove Debbie
Stebbing Andrea
Still Melanie
Stoyles Karen
Strong Patricia
Stuckey Bridget
Summers Penelope
Taylor Linda
Taylor Louise
Taylor Margaret
Tennant Sallyann
Thoburn Alison
Thomas Janette
Thomas Jayne
Thompson Angela
Thomson Laura
Tickell Christine
Tinsley Victoria
Tizzard Ann
Toman Andrea
Tomlin Neil
Torrance Elaine
Trevelyan Elizabeth
Tuby Sharon
Tucker Christine
Tully Jacqueline
Turner Jennifer
Unwin Sally

**Walker Brenda
Walters Linda
Ware Susan
Westerby Amanda
Whiting Anne-Marie
Whitworth Susan
Wilcox Heather
Wilkins Sheila
Wilkins-Wall Beverly
Williams Hazel
Williams Helen
Williams Sue
Williams Susan
Williams Theresa
Williamson Francis
Windfeld Sarah
Winkett Joanne
Withers Stephanie**

Appendix 4

Supervisor of Midwives Conference

This appendix sets out the programme for the Supervisors of Midwives Conference held on 22 and 23 April 2008.

Supervisor of Midwives Conference

STRICTLY MIDWIFERY – DANCING TO A NEW TUNE
22 and 23 April 2008

THE GRAND HOTEL TORQUAY

Day One

- 1000 Arrival/Registration
Tea/Coffee
- 1030 Introduction to the Conference – Val Beale, LSA Midwifery Officer South West
- 1045 Infection control – Chris Perry, Associate Director of Nursing (Infection Control)
NHS South West
- 1145 NMC update – Dr Susan Way, Midwifery Advisor, NMC
- 1215 Lunch
- 1330 Notification of Serious Untoward Incidents to LSA/SHA
Bridget James, Patient Safety Manager NHS South West
- 1400 Workforce Planning – Christine Whitehead, Associate Director Workforce
Planning and Productivity NHS South West
- 1430 Safe Births – Everybody's business – Dr Anna Dixon, Acting Director of Policy,
King's Fund
- 1530 Tea
- 1600 Birthplace Research Project – Carol Puckett, Regional Co-ordinator, South West
Region
- 1630 Round Table exercise
- 1700 Close of Day

REST AND RELAXATION

STRICTLY MIDWIFERY – DANCING TO A NEW TUNE
22 and 23 April 2008

THE GRAND HOTEL TORQUAY

Day Two

- 0900 Arrival/Registration
Tea/Coffee
- 0930 Introduction to Day Two – Val Beale, LSA Midwifery Officer South West
- 0940 Overview of South West Region – Liz Redfern, Director of Patient Care and Nursing NHS South West
- 1015 Education update - Clare Chivers, Workforce Development and Quality Manager NHS Education South West
- 1045 Coffee
- 1115 NSF Update/Safeguarding children – Mandy Cox, NSF Lead Children and Young People NHS South West
- 1145 Care Services Improvement Partnership update – Linda Parker, Regional Change Agent Care Services Improvement Partnership
- 1215 Mental Health update – Adrian Childs, Associate Director of Nursing NHS South West
- 1245 Lunch
- 1400 LSA Guidelines/strategy/update – Val Beale
- 1430 Round table exercise
- 1600 Tea/Close

Appendix 5

Clinical Activity

This appendix sets out the clinical activity in three tables.

NHS South West Maternity Figures 2008/09 – Table 1

Trust Maternity Units	Total Women delivered (All births)	Home Births		Born Before Arrival		Waterbirths		Stillbirths		Planned inductions		Accelerated labours		Episiotomies		Epidurals with vaginal delivery		Planned Caesareans	
		No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
Dorset County Hospital NHS Foundation Trust	2,164	93	4	2	0	84	4	11	1	313	14	605	28	110	5	225	10	235	11
Great Western Hospitals NHS Foundation Trusts	4,150	38	1	16	0	44	1	15	0	1,064	26	1,007	24	262	6	925	22	440	11
NHS Devon																			
Honiton/Okehampton/Tiverton Hospitals	405	36	9	2	0	127	31	0		0		35	9	2	0	0		0	
NHS Gloucestershire																			
Stroud Maternity Unit	291	91	31	9	3	93	32	0		15	5	5	5	0		0		0	
Orchard Centre, Gloucestershire Royal Hospital	3,171	55	2	11	0	63	2	12	0	748	24	545	17	139	4	433	14	403	13
St Paul's Wing, Cheltenham General Hospital	2,805	64	2	8	0	66	2	9	0	677	24	443	16	146	5	580	21	320	11
NHS Wiltshire																			
Princess Anne Wing, Royal United Hospital/Bath Midwife Led	4,930	145	3	0		531	11	22	0	416	8	0		606	12	0		395	8
North Bristol NHS Trust	6,060	209	3	42	1	122	2	32	1	1,150	19	1,447	24	755	12	544	9	755	12
North Devon NHS Trust	1,607	59	4	4	0	0		7	0	283	18	0		0		0		201	13
Poole Hospitals NHS Trust	4,248	69	2	30	1	210	5	18	0	1,390	33	0		500	12	583	14	481	11
Plymouth Hospitals NHS Trust	4,474	248	6	23	1	24	1	29	1	800	18	798	18	326	7	648	14	396	9
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	571	66	12	16	3	230	40	0		0		0		10	2	0		0	
Royal Cornwall Hospitals NHS Trust	4,330	719	17	16	0	116	3	21	0	682	16	507	12	606	14	375	9	358	8
Royal Devon & Exeter NHS Foundation Trust	3,897	68	2	5	0	70	2	18	0	627	16	672	17	42	1	270	7	507	13
Salisbury NHS Foundation Trust	2,605	150	6	16	1	0		10	0	0		884	34	48	2	427	16	214	8
South Devon Healthcare NHS Trust	2,428	269	11	14	1	106	4	11	0	517	21	0		309	13	457	19	179	7
Taunton & Somerset NHS Trust	3,276	136	4	44	1	107	3	16	0	593	18	319	10	248	8	288	9	359	11
United Bristol Healthcare NHS Trust	5,144	118	2	25	0	50	1	29	1	1,269	25	848	16	258	5	721	14	625	12
Weston Area Health NHS Trust	302	24	8	0		2	1	0		0		0		10	3	0		0	
Yeovil District Hospital NHS Foundation Trust	1,564	49	3	7	0	4	0	6	0	287	18	186	12	207	13	160	10	148	9

Total South West	58,422	2,706	5	290	0	2,049	4	266	0	10,831	19	8,301	14	4,584	8	6,636	11	6,016	10
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Female Mid Year Population Estimates for South West (15 ~49)	1,130,300
Percentage giving birth	5.17

Appendix 5

Trust Maternity Units	Total Women delivered (All births)
Dorset County Hospital NHS Foundation Trust	2,164
Great Western Hospitals NHS Foundation Trusts	4,150
NHS Devon	
Honiton/Okehampton/Tiverton Hospitals	405
NHS Gloucestershire	
Stroud Maternity Unit	291
Orchard Centre, Gloucestershire Royal Hospital	3,171
St Paul's Wing, Cheltenham General Hospital	2,805
NHS Wiltshire	
Princess Anne Wing, Royal United Hospital/Bath Mwled	4,930
North Bristol NHS Trust	6,060
Northern Devon Healthcare NHS Trust	1,607
Poole Hospitals NHS Trust	4,248
Plymouth Hospitals NHS Trust	4,474
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	571
Royal Cornwall Hospitals NHS Trust	4,330
Royal Devon & Exeter NHS Foundation Trust	3,897
Salisbury NHS Foundation Trust	2,605
South Devon Healthcare NHS FT	2,428
Taunton & Somerset NHS Foundation Trust	3,276
United Bristol Healthcare NHS Trust	5,144
Weston Area Health NHS Trust	302
Yeovil District Hospital NHS Foundation Trust	1,564
Total South West	58,422

Midwifery Led Care		Initiating Breast Feeding		Breech		Ventouse		Forceps		Emergency Caesareans	
No's	%	No's	%	No's	%	No's	%	No's	%	No's	%
1,390	64	1,711	79	2	0	108	5	115	5	352	16
938	23	3	0	14	0	372	9	146	4	602	15
333	82	338	83	0		0		0		0	
826	284	245	84	1	0	0		0		0	
777	25	2,010	63	16	1	250	8	232	7	487	15
505	18	2,171	77	13	0	149	5	264	9	397	14
3,200	65	3,944	80	0		364	7	659	13	691	14
2,443	40	4,464	74	28	0	332	5	422	7	786	13
998	62	1,245	77	7	0	114	7	37	2	185	12
636	15	3,349	79	5	0	196	5	307	7	517	12
2,282	51	3,309	74	49	1	385	9	186	4	92	2
571	100	535	94	1	0	0		0		0	
3,001	69	2,396	55	4	0	278	6	0		410	9
872	22	2,309	59	13	0	180	5	198	5	444	11
1,722	66	1,990	76	22	1	81	3	284	11	328	13
758	31	1,854	76	9	0	219	9	121	5	349	14
760	23	2,336	71	129	4	161	5	133	4	417	13
3,319	65	3,902	76	27	1	321	6	423	8	623	12
505	167	260	86	1	0	0		0		0	
652	42	1,248	80	11	1	89	6	45	3	226	14
26,488	45	39,619	68	352	1	3,599	6	3,572	6	6,906	12

Maternal Death		Medical Terminations	
No's	%	No's	%
0		8	0
0		0	
0		0	
0		0	
0		0	
0		2	0
0		3	0
0		0	
0		0	
0		34	1
0		0	
0		0	
3	0	18	0
0		0	
0		9	0
0		15	0
2	0	21	1
0		13	1
1	0	16	0
1	0	18	0
0		18	6
0		8	1
7	0	183	0

NHS South West Birth Comparisons 2005-2009 – Table 2

Total Women delivered (All births)

Trust Maternity Units	2005/6	2006/7	2007/8	2008/9
Dorset County Hospital NHS Foundation Trust	1,919	2,023	2,171	2,164
Great Weston Hospitals NHS Foundation Trusts	3,559	3,770	4,087	4,150
NHS Devon				
Honiton/Okehampton/Tiverton Hospitals				405
NHS Gloucestershire				
Stroud Maternity Unit	314	336	359	291
Orchard Centre, Gloucestershire Royal Hospital	2,781	2,958	3,172	3,171
St Paul's Wing, Cheltenham General Hospital	2,546	2,692	2,699	2,805
NHS Wiltshire				
Princess Anne Wing, Royal United Hospital/Bath Midwife Led	5,192	5,038	5,155	4,930
North Bristol NHS Trust	5,112	5,471	5,770	6,060
North Devon NHS Trust	1,517	1,521	1,584	1,607
Poole Hospitals NHS Trust	3,655	3,974	4,299	4,248
Plymouth Hospitals NHS Trust	4,150	4,663	4,630	4,474
Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	500	548	479	571
Royal Cornwall Hospitals NHS Trust	3,993	4,194	4,236	4,330
Royal Devon & Exeter NHS Foundation Trust	3,575	3,586	3,381	3,897
Salisbury NHS Foundation Trust	1,886	2,247	2,398	2,605
South Devon Healthcare NHS Trust	2,374	2,468	2,228	2,428
Taunton & Somerset NHS Trust	2,967	3,060	2,783	3,276
United Bristol Healthcare NHS Trust	4,902	5,128	5,223	5,144
Weston Area Health NHS Trust	392	309	278	302
Yeovil District Hospital NHS Foundation Trust	1,280	1,375	1,477	1,564

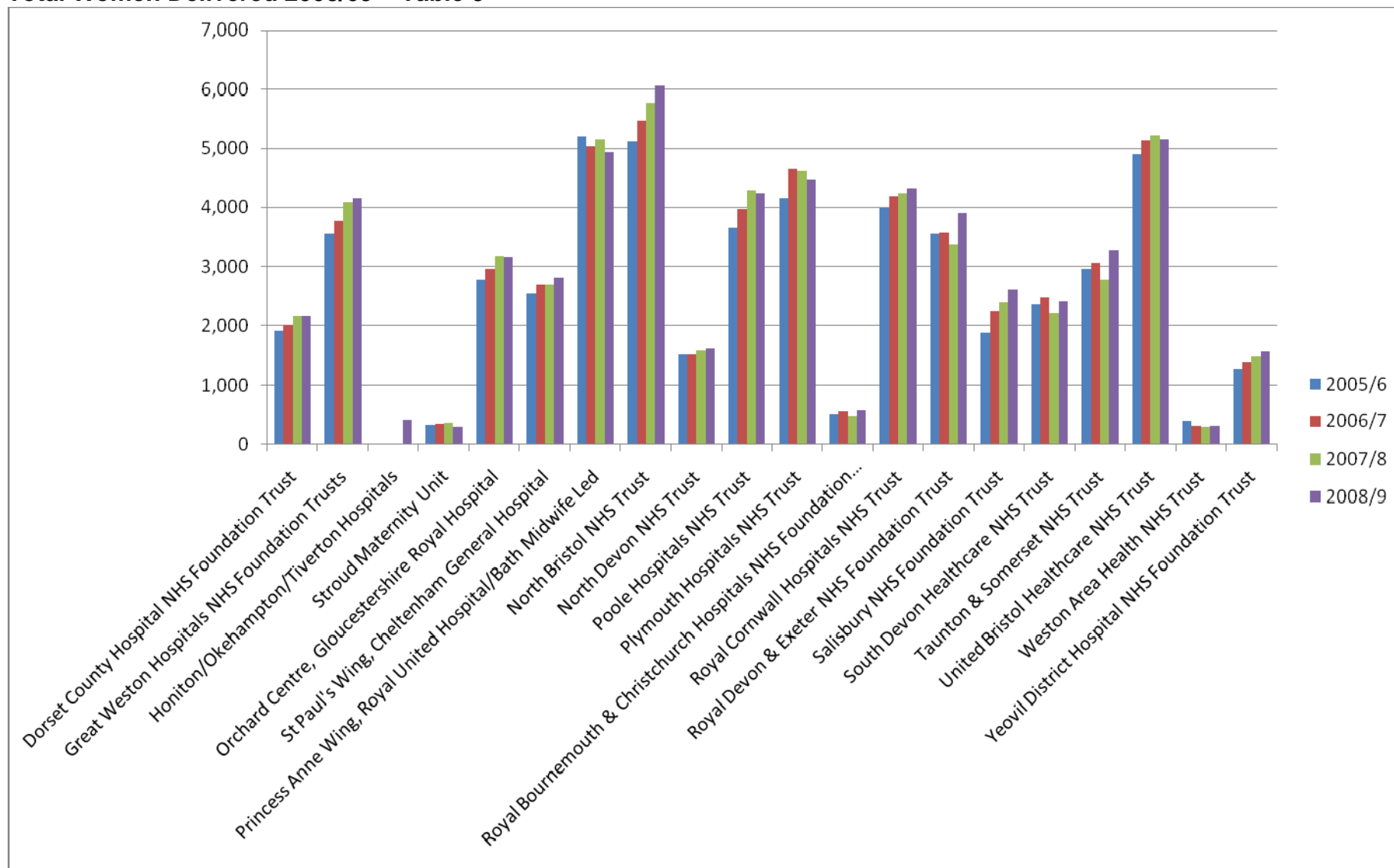
Total South West	52,614	55,361	56,409	58,422
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Female Mid Year Population Estimates for South West (15 ~49)	1,130,300	1,130,300	1,130,300	1,130,300
Percentage giving birth	4.65	4.90	4.99	5.17

05/06 v's 06/07		06/07 v's 07/08		07/08 v's 08/09		Overall	
No's	%	No's	%	No's	%	No's	%
104	5.4	148	7.3	-7	-0.3	245	12.8
211	5.9	317	8.4	63	1.5	591	16.6
				0			
				405		405	
22	7.0	23	6.8	-68	-18.9	-23	-7.3
177	6.4	214	7.2	-1	0.0	390	14.0
146	5.7	7	0.3	106	3.9	259	10.2
				0		0	
-154	-3.0	117	2.3	-225	-4.4	-262	-5.0
359	7.0	299	5.5	290	5.0	948	18.5
4	0.3	63	4.1	23	1.5	90	5.9
319	8.7	325	8.2	-51	-1.2	593	16.2
513	12.4	-33	-0.7	-156	-3.4	324	7.8
48	9.6	-69	-12.6	92	19.2	71	14.2
201	5.0	42	1.0	94	2.2	337	8.4
11	0.3	-205	-5.7	516	15.3	322	9.0
361	19.1	151	6.7	207	8.6	719	38.1
94	4.0	-240	-9.7	200	9.0	54	2.3
93	3.1	-277	-9.1	493	17.7	309	10.4
226	4.6	95	1.9	-79	-1.5	242	4.9
-83	-21.2	-31	-10.0	24	8.6	-90	-23.0
95	7.4	102	7.4	87	5.9	284	22.2

2,747	87.9	1,048	19.3	2,013	69	5,808	176.3
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Total Women Delivered 2008/09 – Table 3



Source: Annual Report Submitted to Strategic Health Authority

Appendix 6

NHS South West Self-Assessment Tool

This appendix sets out the NHS South West Self-Assessment Tool.

Appendix 6

Outcome	Action	Deadline	Bath and North East Somerset	Bournemouth and Poole	Bristol	Cornwall and Isles of Scilly	Devon	Dorset	Gloucestershire	North Somerset	Plymouth	Somerset	South Gloucestershire	Swindon	Torbay	Wiltshire
	4. All services to facilitate normal childbirth wherever possible, with medical interventions recommended only when they are of benefit to the woman and/or her baby. Monitor through checking guidelines are used effectively.															
	5. Develop a plan to increase midwifery capacity, taking account of European Working Time Directive, so that every woman can have a designated midwife to provide care for them when they are in established labour for 100% for implementation by March 2009.															

Appendix 6

Outcome	Action	Deadline	Bath and North East Somerset	Bournemouth and Poole	Bristol	Cornwall and Isles of Scilly	Devon	Dorset	Gloucestershire	North Somerset	Plymouth	Somerset	South Gloucestershire	Swindon	Torbay	Wiltshire
<p>Maternity services are commissioned within a context of managed care networks and include a range of provision for routine and specialist services for women and their families</p>	<p>6. PCTs to ensure that commissioning plans for 2008/09 include provision for:</p> <ul style="list-style-type: none"> a. routine ante-natal and post-natal care services; b. the option for all women to access a midwife as the first point of contact; c. services for women with more complex pregnancies who may require multi disciplinary or multi-agency care; d. services for women who request support for coping with domestic violence; e. services for disabled women; f. services for women and their partners who request support to stop smoking; g. services for women and their partners who are substance misusers; h. services for women and their partners who have mental health problems through maternity services contracts and mental health service providers working closely to deliver 															
<p>Maternity services are commissioned within a context of managed care</p>	<p>7. Review maternity networks to establish the current position and identify priorities for focussed action by PCTs and NHS Trusts.</p>															

Appendix 6

Outcome	Action	Deadline	Bath and North East Somerset	Bournemouth and Poole	Bristol	Cornwall and Isles of Scilly	Devon	Dorset	Gloucestershire	North Somerset	Plymouth	Somerset	South Gloucestershire	Swindon	Torbay	Wiltshire
<p>networks and include a range of provision for routine and specialist services for women and their families. (Continued)</p>	8. Review neonatal care networks to establish the current position and identify priorities for focussed action by PCTs and NHS Trusts.															
	9. Provide increased community and in-patient support if required, for women suffering from postnatal depression															
	10. All women and their babies to receive treatment from health care professionals competent in resuscitation for both mother and infant, newborn examination and in providing breastfeeding support by ensuring appropriate training programmes are delivered															
	11. Women who use local maternity services are involved in improving the delivery of these services, and in planning and reviewing all local hospital and community maternity services. To be established through MSLC, other service user groups and input to other forums.															
<p>Breastfeeding rates increased.</p>	12. Each Maternity Unit to demonstrate how it has addressed the UNICEF Baby-Friendly Hospital Initiative, including Step 10, which is the development of community activities to support the breastfeeding mother															

Appendix 6

Outcome	Action	Deadline	Bath and North East Somerset	Bournemouth and Poole	Bristol	Cornwall and Isles of Scilly	Devon	Dorset	Gloucestershire	North Somerset	Plymouth	Somerset	South Gloucestershire	Swindon	Torbay	Wiltshire
	13. Rate of Breastfeeding as measured at 6 – 8 weeks post birth during the developmental screening physical examination to be a minimum of 80% of those counted as having initiated breastfeeding post birth															
	14. Rate of Breastfeeding as measured at 4 months during third set of immunisations to be a minimum of 80% of those counted as breastfeeding at the developmental screening physical examination 6 – 8 weeks post birth															
Effective planning and delivery of maternity services achieved. Maternity Matters April 2007	15. National guidance on MSLCs implemented.															
	16. Completion of the Healthcare Commission Review of Maternity Services.															
	17. All trusts to have an action plan in place detailing the implementation of Maternity Matters.															

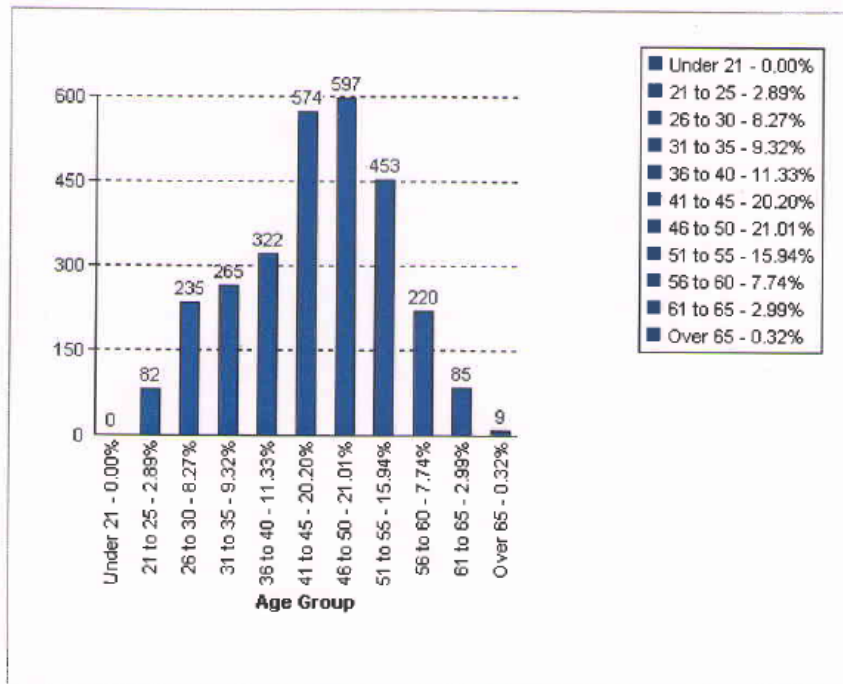
Appendix 7

Age Profile of Midwives as at 31 March 2009

This appendix sets out the age profile of midwives as at 31 March 2009.

Age Profile of Midwives (as at 31/03/2009)

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	82	2.89%
26 to 30	235	8.27%
31 to 35	265	9.32%
36 to 40	322	11.33%
41 to 45	574	20.20%
46 to 50	597	21.01%
51 to 55	453	15.94%
56 to 60	220	7.74%
61 to 65	85	2.99%
Over 65	9	0.32%
Total	2842	100%



Source: Local Supervising Authority Database

Appendix 8

The statutory requirements met with regard to the Midwives Rules and Standards (2004)

This section lists the statutory requirements met with regard to the midwives rules and standards (2004) in NHS South West.

The statutory requirements met with regard to the Midwives Rules and Standards (2004)

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments See footnotes
4	Notifications by Local Supervising Authority				
	In order to meet 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	x			
	Publish annually the date by which it must receive intention to practise forms from midwives in its area	x			
	Ensure accurate completion and timely delivery of ITP data to the NMC each month	x			
	Ensure ITP notifications given after the annual submission are delivered to the NMC monthly	x			
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. The Local Supervising Authority will:				
	Publish how it will investigate any alleged impairment of a midwife's fitness to practise	x			
	Publish how it will determine whether or not to suspend a midwife from practice	x			
	Ensure midwives are informed in writing of the outcome of any investigation by the Local Supervising Authority	x			
	Publish the process for appeal against any decision	x			
9	Records				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives Rules the Local Supervising Authority will:				
	Publish local procedures for the transfer of midwifery records from self employed midwives				
	Agree local systems to ensure Supervisors of Midwives maintain records of their supervisory activity	x			
	Ensure Supervisors of midwives records (relating to the statutory supervision of midwives) are kept for a minimum of 7 years	x			
	Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	x			
	Publish local procedures for retention and transfer of records relating to statutory supervision	x			
11	Eligibility for appointment as a Supervisor of Midwives				
	In order to ensure that Supervisors of Midwives meet the requirement of Rule 11 the Local Supervising Authority will:				
	Publish their policy for the appointment of any new Supervisor of Midwives in their area	x			
	Maintain a current list of Supervisors of Midwives	x			
	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	x			

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
4	Notifications by Local Supervising Authority				
	In order to meet 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	x			
	Publish annually the date by which it must receive intention to practise forms from midwives in its area	x			
	Ensure accurate completion and timely delivery of ITP data to the NMC each month	x			
	Ensure ITP notifications given after the annual submission are delivered to the NMC monthly	x			
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. The Local Supervising Authority will:				
	Publish how it will investigate any alleged impairment of a midwife's fitness to practise	x			
	Publish how it will determine whether or not to suspend a midwife from practice	x			
	Ensure midwives are informed in writing of the outcome of any investigation by the Local Supervising Authority	x			
	Publish the process for appeal against any decision	x			
9	Records				
	To ensure the safe preservation of records transferred to it in accordance with the Midwives Rules the Local Supervising Authority will:				
	Publish local procedures for the transfer of midwifery records from self employed midwives	x			
	Agree local systems to ensure Supervisors of Midwives maintain records of their supervisory activity	x			
	Ensure Supervisors of Midwives records (relating to the statutory supervision of midwives) are kept for a minimum of 7 years	x			
	Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	x			
	Publish local procedures for retention and transfer of records relating to statutory supervision	x			
11	Eligibility for appointment as a Supervisor of Midwives				
	In order to ensure that Supervisors of Midwives meet the requirement of Rule 11 the Local Supervising Authority will:				
	Publish their policy for the appointment of any new Supervisor of Midwives in their area	x			
	Maintain a current list of Supervisors of Midwives	x			
	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	x			

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
12	The Supervision of Midwives				
	To ensure that a local framework exists to provide equitable effective supervision for all midwives working within the Local Supervising Authority and that a Supervisor of Midwives is accessible at all times. The Local Supervising Authority will:				
	Publish the local mechanism for confirming any midwife's eligibility to practise	x			
	Implement the NMC's rules and standards for supervision of midwives	x			
	Ensure that the Supervisor of Midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1-15)	x			
	To ensure a communications network which facilitates ease of contact and distribution of information between Supervisors of Midwives, Local Supervising Authority's, the Local Supervising Authority will:				
	Set up systems to facilitate communications links between and across Local Supervising Authority boundaries	x			
	Enable timely distribution of information to all Supervisors of Midwives	x			
	Provide a direct communication link, which may be electronic, between each Supervisor of Midwives and the Local Supervising Authority Midwifery Officer	x			
	Provide for the Local Supervising Authority Midwifery Officer to have regular meeting with Supervisors of Midwives to give support and agree strategies for developing key areas of practice	x			
	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	x			
	Promote women centred evidence based midwifery practice	x			
	Ensure that Supervisor of Midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise	x			
	The Local Supervising Authority shall set standards for Supervisors of Midwives that incorporate the following broad principles:				
	Supervisors of Midwives are available to offer guidance and support to women accessing maternity services	x			
	Supervisors of Midwives give advice and guidance regarding women centred care and promote evidence based midwifery practice	x			
	Supervisors of midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives	x			
	Supervisors of Midwives provide professional leadership	x			
	Supervisors of Midwives are approachable and accessible to midwife to support them in their practice	x			

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
13	The Local Supervising Authority Midwifery Officer				
	In order to discharge the local supervising authority supervisory function in its area through the Local Supervising Authority Midwifery Officer, the Local Supervising Authority will:				
	Use the NMC core criteria and person specification when appointing a Local Supervising Authority Midwifery Officer	x			
	Involve an NMC nominated and appropriately experienced midwife in the selection and appointment process	x			
	Manage the performance of the appointed Local Supervising Authority Midwifery Officer	x			
	Provide designated time and administrative support for the Local Supervising Authority Midwifery Officer to discharge the statutory supervision function	x			
	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	x			
15	Publication of Local Supervising Authority Procedures				
	To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the Local Supervising Authority Midwifery Officer, the Local Supervising Authority will:				
	Develop mechanisms with NHS authorities and private sector employers to ensure that the Local Supervising Authority Midwifery Officer is notified of all such incidents	x			
	Publish the investigative procedure	x			
	Liaise with key stake holders to enhance clinical governance systems	x			
	To confirm the mechanisms for the notification and management of poor performance of the Local Supervising Authority Midwifery Officer of Supervisors of Midwives the Local Supervising Authority will:				
	Publish the process for the notification and management of complaints against any Local Supervising Authority Midwifery Officer or Supervisor of Midwives	x			
	Publish the process for removing the Local Supervising Authority Midwifery Officer or Supervisor of Midwives from appointment	x			
	Publish the process for appeal against the decision to remove	x			
	Ensure that the Local Supervising Authority Midwifery Officer or Supervisor of Midwives is informed of the outcome of any investigation of poor performance following completion	x			
	Consult the NMC for advice and guidance in such matters	x			

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
16	Annual Report				
	<p>The annual Local Supervising Authority report should reach the midwifery committee of the NMC in a form agreed by the NMC council by 30th September each year. Each Local Supervising Authority will ensure their report is made available to the public. The report will include but necessarily be limited to the following:</p>				
	Numbers of Supervisors of Midwives, appointments, resignations and removals	x			
	Details of how midwives are provided with continuous access to a Supervisor of Midwives	x			
	Details of how the practice of midwifery is supervised	x			
	Evidence that service users have been involved in monitoring supervision in midwives and assisting the Local Supervising Authority Midwifery Officer with annual audits	x			
	Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	x			
	Details of any new policies related to the supervision of midwives	x			
	Evidence of developing trends affecting midwifery practice in the Local Supervising Authority	x			
	Details of the number of complaints regarding the discharge of supervisory function	x			
	Reports on all Local Supervising Authority investigations undertaken during the year	x			