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1. Executive Summary

This report contains details of the statutory roles, responsibilities and standards of the Nursing and Midwifery Council and the Local Supervising Authority (LSA). The report and appendices include information received from Supervisors of Midwives from all the Trusts regarding their activity within maternity services. The report format fulfils the Nursing and Midwifery Council ‘Guidance related to Rule 16 – Annual Report on practice year ending 31st March 2009’ and evidences achievement of the 53 standards within the ‘Midwives rules and standards (NMC 2004)’.

Supervisors of Midwives are appointed by the LSA independently of their employers. Trusts have a responsibility to ensure that Supervision of Midwives is supported. Supervision of Midwives is a statutory responsibility and covers all midwives irrespective of employers, therefore midwives practising within NHS South East Coast but not employed by the NHS in the region are included.

There is a robust process for the training and appointment of Supervisors of Midwives; The Standards for the preparation and practice of Supervisors of Midwives (NMC 2006) are used in conjunction with the national guideline www.midwife.uk.org. The LSA has access to one programme within NHS South East Coast - University of Brighton although trainees are able to access programmes in London or in other areas of the country. The programme is available at degree or masters level and takes approximately one year from nomination to appointment. The number of Supervisors of Midwives has decreased to 168 from 175. The preparation programme had sixteen trainees so it is anticipated that this number will increase again in 2009/10. The NMC require a ratio of 1:15, NHS South East Coast overall ratio is 1:14.5.

The birth rate continues to rise and has reached 52,857 (1st April 2008 to 31st March 2009) an increase of 678 on the previous year. Since 2002/2003 the birth rate has risen by 9077 (21%). The predictions are that the birth rate will continue to rise by at least 1% a year. The capacity issues for maternity services continue to be an issue and need to be considered when reviewing services for the future. This last year has seen some increases in midwifery staffing.

This year has also seen the development of another alongside midwifery led unit at Surrey & Sussex Healthcare NHS Trust offering a further choice for women and their families.

Maternity units within South East Coast are actively participating in early adopters programmes. This includes the development of a perinatal mental health network and two units are involved in reducing caesarean section rates. This year 2008/09 has seen for the first time the reduction of caesarean section rates in eight Trusts. The maternity teams are working very hard to improve quality, provide one to one care for women in labour, thereby reducing the caesarean sections rate. The NHS Institute events on normalising birth have supported this change in practice. There are several active forums where shared learning takes place to enable good practice to be shared through all units.

NHS South east Coast has supported a Maternity Matters programme and good progress has been made towards the implementation of the ambitious four choice guarantees before the end of 2009. The Maternity Matters facilitators all meet together once a month to share their highlights and challenges.

The midwife to birth ratios in eight Trusts has improved over the last year and seven Trusts have midwife to birth ratios of 1:35 or below which was the NHS South East Coast target for this year. It needs to be recognised that these are birth ratios and geography needs to be considered when looking at midwife to woman ratios. Some Trusts care for over 500 women during the antenatal and postnatal period but these women choose to give birth in another Trust and this is not reflected in the numbers.
In 2008/09 there have been additional education commissioners for midwifery students to increase the midwifery workforce. The midwifery Return to Practice (RTP) is successful and a small number of midwives are returning.

To confirm the midwifery staffing figures Birth-rate Plus was commissioned to undertake a further piece of work. All units within South East Coast had previously undertaken birth rate review. This review looked to use Birth-rate Plus updated formulae and recalculated staffing levels using 2008/09 clinical activity in regard to model of care and dependency category of women. In July 2009 the updated data was shared with the Heads of Midwifery and Maternity Commissioners and Workforce leads. This showed that, since 2007 there had been an increase of 250 funded maternity positions and this is reflected in the improved midwife to birth ratios.

The Heads of Midwifery, Supervisors of Midwives and midwives are working flexibly to try and ensure student midwives do have opportunities to consolidate their practice and receive the support they need. The preceptorship programmes for newly qualified staff and induction programmes for new staff appear to be making a real difference in the retention of staff. Many of the units have developed the Maternity Support Workers’ role to support women and midwives, enabling midwives to concentrate on midwifery duties.

The age profile of midwives is of concern for the future with 29% of midwives currently in post aged 50 or over and 14% over 55.

The key issues for 2008/2009 were continuing to work towards the recommendations in Maternity Matters, the National Service Framework for Children’s Services – Standard 11 maternity services, building on the LSA audit programme to monitor the standards set by the Nursing and Midwifery Council, ensuring lessons were learnt from the Health Care Commission reports on maternity services and partnership working with the NHS Institute for normalising births.

NHS South East Coast has recognised the need to support leadership development for senior midwives, potential and current Heads of Midwifery. By September 2009, forty-four senior midwives will have completed the Royal College of Midwives five day Leadership development. It is essential that maternity services remain a high priority within the South East Coast Strategic Health Authority and within Primary Care Trusts especially as commissioners of services.

**Contact details of Chief Executive and LSA Midwifery Officer**

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(Appendix 1 - Full contact details)
2. **Introduction**

This report covers the period from 1\textsuperscript{st} April 2008 to 31\textsuperscript{st} March 2009 and was produced in order to meet the requirements of Rule 16, ‘The midwives rules and standards’ (Nursing & Midwifery Council 2004). The appendices in this report contain information related to activity of the LSA.

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

Within NHS South East Coast area there are 12 Trusts providing Maternity care in 19 units. Maternity services are commissioned by 8 Primary Care Trusts (PCT’s).

The maternity units range in size and number per Trust. The smallest single site unit is at the Royal West Sussex NHS Trust, where 2008/09 there was 2762 births. East Kent Hospitals University NHS Foundation Trust is the largest with 7373 births in 2008/09, with 2 units supported by maternity teams and 2 birth centres.

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

Statutory supervision covers all midwives practising within the Local Supervising Authority, which includes those employed in the NHS, those employed by agencies, the private sector, prisons and general practitioners and those in higher education and self-employed (independent practice). Within this Local Supervising Authority the LSA Midwifery Officer maintains a Service Level Agreement with the British Forces (overseas) midwives in Germany, Gibraltar, Brunei, Cyprus and the Gibraltar Health Authority.
3. Each local supervising authority (LSA) will ensure their report is made available to the public.

The Local Supervising Authority Midwifery Officer’s Annual Report is agreed within NHS South East Coast. This report is reviewed by the Clinical & Workforce Director, Regional Nurse/Chief Executive and will be presented to Board on 23rd September 2009. The LSA Midwifery Officer meets with the Chief Executive to discuss the annual report prior to its signing and being presented to the Board and submission to the Nursing & Midwifery Council.

The report will be circulated (as per the circulation list at the end of the report) by 30th October 2009. To ensure users are aware of the report it will be sent electronically to Chairs of the Maternity Services Liaison Committees and will be on the LSA website. The Heads of Midwifery, Contact and Link Supervisors will be asked to share it with all local staff and user groups.

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

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

During the last year the LSA Annual Report has been referred to in numerous documents and forums regarding maternity services. This report provided detailed information for the maternity and newborn clinical pathway group part of the NHS Next Stage Review and is referenced in maternity strategies and local maternity reports.
4. Numbers of Supervisors of Midwives appointments, resignations and removals.

The number of designated Supervisors of Midwives on 31\textsuperscript{st} March 2009 within NHS South East Coast was 168.

<table>
<thead>
<tr>
<th>Supervisors of Midwives</th>
<th>31.3.05</th>
<th>31.03.06</th>
<th>31.3.07</th>
<th>31.3.08</th>
<th>31.3.09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Supervisors</td>
<td>142</td>
<td>162</td>
<td>176</td>
<td>175</td>
<td>168</td>
</tr>
<tr>
<td>New Appointments</td>
<td>18</td>
<td>24</td>
<td>25</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Resignations</td>
<td>1</td>
<td>4</td>
<td>11</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Removals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ratio of midwives to Supervisors of Midwives across LSA</td>
<td>14</td>
<td>14</td>
<td>13</td>
<td>14</td>
<td>14.5</td>
</tr>
<tr>
<td>Suspensions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Undertaking preparation</td>
<td>17</td>
<td>26</td>
<td>14</td>
<td>8</td>
<td>18</td>
</tr>
</tbody>
</table>

Total midwives ITP entered on LSA database – this is the number of midwives who have submitted an ITP as their main area of practice over the year 2008/09 and not numbers of midwives employed. This includes NHS employed midwives and private, agency, Higher Education Institutions, self employed and others e.g. midwives working overseas who notify their ITP through NHS South East Coast.

October 2008 Preparation for Supervisors of Midwives Programme University of Brighton 18 were interviewed and offered places, 1 withdrew before the programme commenced, 1 withdrew during the course to move to another country – 16 continued the programme.

Rule 12 – The supervision of midwives (Midwives rules and standards NMC 2004)
Guidance – “Ensure that the Supervisor of Midwives ratio reflects local need and circumstances (will not normally exceed 1:15)”.

### SUPERVISOR OF MIDWIVES Ratio by Trust – South East Coast (31/3/09)

<table>
<thead>
<tr>
<th>Trust</th>
<th>2004/5</th>
<th>2005/6</th>
<th>2006/7</th>
<th>2007/8</th>
<th>2008/9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dartford &amp; Gravesham NHS Trust</td>
<td>11</td>
<td>14</td>
<td>13</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>East Kent Hospitals University NHS Foundation Trust</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Maidstone &amp; Tunbridge Wells NHS Trust</td>
<td>18</td>
<td>20</td>
<td>17</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Medway NHS Foundation Trust</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Ashford and St Peter's Hospitals NHS Trust</td>
<td>14</td>
<td>13</td>
<td>9</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Frimley Park Hospital NHS Foundation Trust</td>
<td>14</td>
<td>15</td>
<td>15</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Royal Surrey County Hospital NHS Trust</td>
<td>16</td>
<td>17</td>
<td>13</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Surrey &amp; Sussex Healthcare NHS Trust</td>
<td>17</td>
<td>15</td>
<td>16</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Brighton and Sussex University Hospitals NHS Trust</td>
<td>13</td>
<td>15</td>
<td>17</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>East Sussex Hospitals NHS Trust</td>
<td>13</td>
<td>13</td>
<td>10</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Royal West Sussex NHS Trust / Chichester</td>
<td>12</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Worthing &amp; Southlands Hospitals NHS Trust</td>
<td>15</td>
<td>16</td>
<td>21</td>
<td>16</td>
<td>(23)</td>
</tr>
<tr>
<td><strong>Overall ratio</strong></td>
<td><strong>14</strong></td>
<td><strong>14</strong></td>
<td><strong>13</strong></td>
<td><strong>14</strong></td>
<td><strong>14.5</strong></td>
</tr>
</tbody>
</table>

### Plan to meet minimum 1:15 ratio

Plans for four Trusts that have ratios of 1:15 or above;

2007/08 Worthing & Southlands Hospitals NHS Trust had three trainees on the preparation course (October 2007), but one withdrew and three other Supervisors left. In August 2008 two new Supervisors were appointed and three Supervisors from other Trusts were giving support to the Supervisors with on-calls and supervision support for midwives. This gave an adjusted ratio of 1:16.

2008/09 Worthing & Southlands NHS Trust ratio was eighteen. This changed on the 1<sup>st</sup> April 2009 when Worthing & Southlands and Royal West Sussex NHS Trust merged to become Western Sussex Hospitals NHS Trust, giving a ratio for the new organisation of 1:13, the LSA Midwifery Officer has encouraged close working leading up to the merger and following the merger caseloads have been reviewed.

Worthing & Southlands NHS Trust

- 1<sup>st</sup> April 2009 merged with Royal West Sussex, caseloads ratio now 1:13

Maidstone & Tunbridge Wells NHS Trust supported three midwives to undertake the preparation course 2008/09. At the time of writing this report one has withdrawn from the programme and two have been appointed increasing their number of Supervisors of Midwives to sixteen, now giving a ratio of 1:15.

Maidstone & Tunbridge Wells NHS Trust

- Two trainees completed programme and appointed in 2009/10
- Ratio at time of writing report 1:15
- Need to consider further places to ensure ratio stays within 1:15
Brighton & Sussex Universities Hospitals NHS Trust

- Four trainees started, one moved to another country during the programme. Three trainees completed programme and to date one has been appointed in 2009/10 and two need to submit their academic work
- At the time of writing the report the ratio is 1:15

Royal Surrey County Hospital NHS Trust

- Three trainees were accepted for the programme, 1 withdrew prior to starting
- Two have completed and have been appointed in 2009/10
- Ratio at time of writing report the ratio is 1:13

In the year 2008/09 no Supervisors of Midwives were suspended or removed from their role.
There were 9 Supervisors on leave for various reasons

- Maternity leave
- Seconded into a role out of area
- Ill health
- Personal reasons

Preparation for Supervisors of Midwives

Within NHS South East Coast the Preparation of Supervisors of Midwives course is facilitated from Brighton University, one of the four High Education Institutes. The next programme is due to start in October 2009. The LSA Midwifery Officer is a member of the course board and actively contributes to the course. The preparation course was validated by the NMC in 2007.

The mentors attend a training day on the second day of the programme to ensure they understand the support they are expected to give and the assessment process of the programme. Mentors say that the trainees are more prepared to be able to undertake the role on appointment and the trainees feel they are ready to undertake the role.

Newly appointed Supervisors of Midwives continue to be supported by their mentors on appointment by meeting regularly with discussions on clinical cases and having a buddy system for on-calls. The newly appointed Supervisors are encouraged to attend LSA supervision meetings and the LSA Conference.

The preparation course is available at other venues in London and around the country. Midwives may attend a course out of area if they wish. All courses are offered at degree and masters level.

To secure a place on the course there is a local process involving nomination and selection prior to an interview with the LSA Midwifery Officer and programme leader representing the University. The LSA follows guidance laid down in the National Guidelines for Supervisors of Midwives C. Nomination, Selection and Appointment of Supervisor of Midwives www.midwife.org.uk/ - National Guidelines for Supervisors of Midwives.
5. Details of how midwives are provided with continuous access to a Supervisor of Midwives.

Named Supervisor of Midwife

All midwives within NHS South East Coast have a named Supervisor of Midwives within their main area of practice. Midwives are able to choose their named Supervisor of Midwives. On occasions they may have to wait for a place to become available in which case their second choice would be met. It is important that Supervisors of Midwives keep within the 1:15 ratio recommended by the NMC and that midwives are able to choose, keeping within the ratio knowing that there is an option to change in the future.

Midwives new to organisations are often allocated a Supervisor of Midwives on the first day as part of their orientation programme. The newly appointed midwives are often given welcome introduction letters and advised of the names of all the Supervisors of Midwives within that organisation and that they may wish to change their Supervisor when they have had an opportunity to get to know the Supervisors.

Midwives are asked during the LSA Audit;

- How long have you had your current Supervisor?
- Do you wish to change your Supervisor?
- Do you feel you have a choice over who is your Supervisor?
- How easy do you feel it would be to change your Supervisor if you wanted to?

The majority of responses are that they are aware they can change and that they have a choice, that they do not wish to change and that it would be possible or easy to change if they wanted to. If responses were picked up that several midwives wanted to change then this would be discussed with the Contact Supervisor who would be asked to write to all midwives giving them an opportunity to change – this has never occurred.

The LSA Midwifery Officer has received some enquiries regarding accessing a Supervisor of Midwives. The majority of the calls have been from midwives who have been offered jobs in NHS Trusts and are waiting to start. They have been reassured and directed to the Contact Supervisor of Midwives where they are planning to work and advised to take their ITP form on the first day.

Each individual Supervisor will notify their supervisees of how they can be contacted and how they can contact other Supervisors at any time. The majority of units keep a copy of the Supervisor on-call rota on the labour ward

At least once a year a meeting should take place between Supervisor and supervisee for an annual review to provide an opportunity for discussion on professional issues and to identify any learning needs which the Supervisor may be able to help facilitate.

Ashford & St. Peter’s Hospitals NHS Trust continue to provide group supervision for new midwives as a form of additional support during the preceptor period. This appears to have helped newly qualified midwives in gaining confidence, staying in midwifery and retention of midwives.

Contacting a Supervisor of Midwives in an emergency

Each Trust provides a 24 hour access to a Supervisor of Midwives. There are local arrangements as to how this may be achieved. Some do one night at a time. Others prefer to do two or three. Some units choose seven nights in a row. It has been agreed locally that a Supervisor of Midwives should not be on night duty and on-call as a Supervisor of Midwives at the same time as this is often when advice and support is required.
The Supervisors are all very supportive of each other and often offer to be called for support if required. Newly appointed Supervisors have an official buddy system but informally Supervisors tend to offer support to each other as some issues can be challenging. The LSA Midwifery Officer has never been advised that any woman or midwife has been unable to contact a Supervisor of Midwives.

During the LSA Audit visit midwives are asked if they are aware of when and how to contact a Supervisor and all have been able to respond. The midwives who have contacted Supervisors all reported that they had no difficulty in doing so. The feedback from midwives during the audit visits is that local arrangements are working well, midwives feel supported by the Supervisors and feel they can approach them for support and guidance.

In some Trusts Supervisors of Midwives are called to discuss management issues as usually there is not a manager on-call. Supervisors are also called into some Trusts when the unit is very busy to help maintain a service or support homebirths.

The contingency plan if the on-call Supervisor cannot be contacted would be for another Supervisor to be contacted. In the event of being unable to contact any Supervisors from the Trust, the midwives may contact the LSA Midwifery Officer.

The LSA intends to undertake an audit over a three month period to review:

- Why Supervisors are called
- Length of time they are required
- Was it truly a supervision issue

The LSA in the practice year 2009/10 will be undertaking audits of response times to contacting the on-call Supervisor of Midwives in and out of normal working hours.
6. Details of how the practice of midwives is supervised.

Supervision of midwives within NHS South East Coast

The Nursing and Midwifery Council (NMC) was established under the Nursing and Midwifery Order 2001, as the body responsible for regulating the practice of those professions. Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised. The purpose of the statutory supervision of midwives is to protect the public and to support and promote good midwifery practice.

The local bodies responsible for the discharge of these functions are the Local Supervising Authorities (LSA’s). The Strategic Health Authorities are designated the LSA’s within England.

NHS South East Coast the LSA is the body responsible in statute for the general supervision of midwives practising within its boundaries. NHS South East Coast employs an LSA Midwifery Officer to ensure that the LSA function is carried out as required by the NMC.

The Order requires the NMC to set rules and standards for midwifery and LSA’s responsible for the function of statutory supervision of midwives. The Midwives rules and standards (NMC 2004) protecting the public through professional standards provides the framework for supervision.

Rule 3 – Notification of intention to practise

It is the midwives responsibility to notify their intention to practise to each local supervising authority (LSA) before they intend to practise midwifery. This enables the LSA to check that the midwife is eligible to practise and so protects the public by ensuring that only midwives eligible to practise do so.

Midwives submit their intention to practise (ITP) completed form to their named Supervisor of Midwives who enters the information onto the LSA database.

The total number of ITP’s successfully uploaded to the NMC during 1st April 2008 to 31st March 2009 was 2169. This includes all the midwives with their main area of practice within NHS South East Coast and includes NHS employed midwives, private, agency, Higher Education Institutions, self employed and others e.g. midwives working overseas who notify their ITP through NHS South East Coast.

Rule 4 – Notifications by LSA

The LSA publishes the date, name and address of the LSA Midwifery Officer to whom the midwife must give notice. Each year the LSA Midwifery Officer writes to all Supervisors of Midwives advising them of timings for entering the next years ITP’s onto the LSA database so that on the 1st April the NMC website is correct. For the practice year 2008/2009 the LSA Midwifery Officer sent the letter 18th January 2008 advising that ITP’s needed to be entered onto the LSA database by Friday 14th March 2008.

The LSA database is a web based electronic tool by which the Supervisors of Midwives send the notifications to the LSA. The database enables the Supervisors of Midwives to manage the system locally and enter data and be monitored by the LSA office.

Weekly there is an electronic upload to the Nursing & Midwifery Council (NMC). The NMC electronically advise the LSA that uploads have been successful and identify where they may not have been. If there are errors then the LSA office will inform the Contact Supervisor to have the information corrected and the LSA office will monitor this until it is successfully uploaded.
The LSA also requires all Supervisors of Midwives to check the NMC website to ensure all their midwives details are correct and it is recorded that ‘ITP received’. The LSA office, randomly check midwives ITP status on the NMC website and takes appropriate action if there are any irregularities.

Members of the public can look on the NMC website to ensure midwives are eligible to practise www.nmc-uk.org/aNewSearchRegister.aspx

Rule 5 – Suspension from practice by a Local Supervising Authority

Concerns regarding a midwife’s practice can be raised from different sources; service users, colleagues or manager. These must be reported to a Supervisor of Midwives or directly to the LSA Midwifery Officer. Any concerns raised would be investigated following National Guidelines - L. Guideline for an Investigation of a Midwife’s Fitness to Practise www.midwife.org.uk/ - National Guidelines for Supervisors of Midwives. Following the investigation Supervisors of Midwives will make recommendations to the LSA Midwifery Officer; no action, a period of development support, supervised practice or on rare occasions for suspension from practice in the interests of their or the public’s safety. Section 12 details the investigations, supervised practice programmes and suspensions for the practice year 2008/09.

Rule 6 – Responsibility and sphere of practice

This rule is one of the most frequently breached and discussed at Supervisors of Midwives meetings. This has been particularly important when discussing increasing skills such as ventouse practitioners, examination of the newborn, aromatherapy, acupuncture, reflexology etc. This rule is also discussed when looking at the development of maternity support workers role.

This rule also supports women when they are making decisions which do not follow national or local guidance. The midwives must ensure they inform and discuss areas fully with women and respect the woman’s right to refuse any advice given to her. If a woman rejects advice then the midwife should seek support and guidance from a Supervisor of Midwives. At the LSA Audit visits several examples are seen where midwives have sought the support and guidance from Supervisors of Midwives.

The standards within this rule define what would reasonably be expected from a practising midwife.

Rule 7 – Administration of medicines

Supervisors of Midwives regularly undertake audits of records including administration of medicines and controlled drugs. Record keeping in regard to storage and use of controlled drugs is undertaken by Supervisors of Midwives and in some units in partnership with pharmacists. These audits have been taking place for a few years and the standards have increased as a result of the audits. Errors in administration of medicines are small in comparison to other areas of practice and have reduced slightly over the last year.

Rule 8 – Clinical trials

There are very few midwifery clinical trials within NHS South East Coast. Those that are in place have been approved through Trust ethic committees. The LSA are not aware of any clinical trials that conflict with the NMC documents ‘The Code’ or ‘Midwives rules and standards’.

Rule 9 – Records

Supervisors of Midwives audit records on a regular basis. The majority of Supervisors will review midwives’ records as part of the annual Supervisory review to encourage self audit and reflection. Many units have record keeping and documentation audit as part of their mandatory training programme which all midwives attend. The NMC document; www.nmc-
Record Keeping Guidance for Nurses and Midwives (published July 2009) is the standard applied to record keeping and the basis of audit.

The Supervisors will also be involved in auditing records for NHS Litigation Authority standards and as part of supervision investigations.


**Rule 10 – Inspection of premises**

Midwives must offer Supervisors of Midwives every opportunity to monitor their standards, methods of practice and to review records, equipment and any premises used for professional purposes.

**Rule 11 – Eligibility for appointment as a Supervisor of Midwives**

This can be found; National Guidelines for Supervisors of Midwives C. Nomination, Selection and Appointment of Supervisor of Midwives www.midwife.org.uk/ - National Guidelines for Supervisors of Midwives. Information regarding numbers and ratios of Supervisors of Midwives has been discussed in section 4.

**Rule 12 – The supervision of midwives**

All midwives should meet with their Supervisor of Midwives at least annually for a Supervisory review. This provides the midwife with an opportunity to discuss personal and professional development. The LSA for NHS South East Coast have developed a template for the Supervisory review. The template is for three years reflecting the three year NMC registration period and enables post-registration education and practice (PREP) requirements to be easily reflected. Several units have localised the template and find this is an improved format. The records from this review are confidential between the midwife and her named Supervisor of Midwives. The LSA database has the facility to record the objectives that are set and an area for additional information. This can only be seen by the named Supervisor of Midwives.

At this review the named Supervisor will also discuss how she can be contacted if the midwife needs support or guidance at any time.

The current intention to practise (ITP) form also requires the midwife to record the date of when this review took place.

The overall percentage of supervisory reviews within NHS South East Coast is 91%, in several units 100%. All Supervisors of Midwives are being encouraged to enter this onto the LSA database to enable accurate monitoring of compliance of annual reviews. The main reason for reviews not taking place is maternity leave and long term sick leave. The diary constraints, off duty and appointments not made will be explored further during the LSA audits and at Supervisor of Midwives meetings.

**Communication**

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

Communication forums within NHS South East Coast;

- Contact Supervisors of Midwives
  Quarterly meetings take place with the LSA Midwifery Officer and Contact Supervisors of Midwives. The Contact Supervisors act as a point of contact between the LSA and local
Supervisors. It is essential that this communication is two way. The role of Contact Supervisor is rotated between Supervisors of Midwives within organisations. Agendas are jointly planned and notes of the meeting are circulated to the Contact Supervisors to share with all Supervisors at local meetings.

- **Representative Supervisors of Midwives**
  Meetings take place three times a year with the LSA Midwifery Officer and all Supervisors of Midwives are welcome. Agendas are jointly planned and notes circulated to the Contact Supervisors to share with all Supervisors at local meetings.

- **Local Supervisor of Midwives meetings**
  Meetings take place monthly with the exception of August. Units discuss local issues and share discussions from contact and representative meetings. The LSA Midwifery Officer is often contacted for points of clarification or guidance regarding issues that have arisen from local meetings.

Within NHS South East Coast there is an expectation that all Supervisors of Midwives will attend a minimum of 50% of local meetings and at least 1 LSA meeting / conference a year enabling them to have direct contact with the LSA Midwifery Officer.

- **Link Supervisors of Midwives meet quarterly and their role is to support the LSA Midwifery Officer to develop guidance, attend LSA Investigations and participate in planning, supporting and delivering LSA conferences.**

- **Heads of Midwifery and Lead Midwives for Education network. The LSA Midwifery Officer is a member of the forum. The forum meets quarterly. Members are voted in as Chair and vice Chair for a year. The forum takes its own notes and these are circulated from the LSA office. This forum enables good communication, also development of practice and management issues. It also allows for excellent communication with the LME’s and opportunities to easily resolve, change, and develop challenges that arise. The forum also provides excellent peer support for the members.**

- **Meetings with Contact Supervisors of Midwives and self employed midwives and their named Supervisors take place every six months. This has helped develop relationships, improve communication and enabled understanding of each other’s challenges. Within NHS South East Coast several units support the self employed midwives by enabling them to attend local training provided by the Trusts.**

- **Preparation of Supervisors of Midwives programme is provided by Brighton University and the LSA Midwifery Officer supports the programme by; sitting on interview panels, lecturing on the programme and attending mentor training and programme evaluation. This enables the trainees to develop a relationship with the LSA Midwifery Officer from the beginning and for the LSA Midwifery Officer to be visible and to answer questions and clarify issues that may arise.**

- **Course board for preparation of Supervisors of Midwives. The LSA Midwifery Officer is a member of the course board. This enables good communication in regard to planning the course and clinical activities that need to be undertaken to support the programme. It also ensures that the trainee Supervisors of Midwives are prepared to undertake the role on completion of the course.**

- **Four local universities Lead Midwives for Education and Heads of Midwifery forums. The LSA Midwifery Officer is invited to the forums but is often unable to attend. This meeting allows local issues to be discussed with education providers. The LSA Midwifery Officer attends if there are specific issues / areas that the forum wishes to discuss. Issues from the**
NHS South East Coast Head of Midwifery / Lead Midwives for Education are often discussed and information fed back to the local networks:

- Director of Nurses network. The LSA Midwifery Officer is a member of the forum and represents Midwifery. The LSA Midwifery Officer presents the LSA Annual report to this network and a six month progress report.

- Internal NHS South East Coast – Directorate meetings, professional leads, senior management team, staff briefings. The LSA Midwifery Officer attends the internal meetings when able and represents the voice of midwifery and again communicates information two ways.

The Local Supervising Authority Midwifery Officers’ Forum (UK) meets with several stakeholders and participates in several forums;

**Stakeholder Involvement**

The Forum agendas are full and include invited stakeholders - 2008/2009;

- Kings Fund – Safer Births
- Birth Place Study
- Chief Nursing Officers – from each of the 4 countries
- Nursing & Midwifery Council – Head of Midwifery, Midwifery Advisors and Fitness to Practise Manager
- Department of Health – Midwifery Advisors - standards for care, workforce and return to practice (RTP), Maternity Matters, Family Nurse Practitioners
- HM Coroner
- NHS Litigation Authority
- Health Care Commission / Care Quality Commission
- Independent Midwives – Northwich Holistic Birth Centre
- Confidential Enquiry Maternal and Child Health
- National Patient Safety Agency
- Royal College of Midwives – General Secretary and other representatives
- Safeguarding practitioners

**LSA Midwifery Officer Engagement**

LSA Midwifery Officers represent the LSAMO Forum (UK) as members of other forums;

- National Patient Safety Agency
- NMC / LSA Midwifery Officer Strategic Reference Group
- Maternity Matters Advisory Group
- Midwifery 2020
- Midwife Supply Orders working group
- NMC review of Midwives rules and standards steering group

**LSA Conferences**

During 2008/2009 the LSA facilitated three training events; two Root Cause Analysis training days and one supervision conference.

During 2007/08 and 2008/09 the LSA was aiming for all Supervisors of Midwives to undertake Root Cause Analysis (RCA) training to support them in undertaking investigations and writing reports. It is important that Supervisors of Midwives consider all aspects of clinical incidents e.g. systems and equipment failure and not just focus on the midwives practice. It is also essential that Supervisors
are able to write robust reports. The LSA has previously provided training using the LSA guidance and templates.

The RCA training took place on 10th June and 8th December 2008. The training days were well attended and a total of fifty-three Supervisors attended. In 2007/08 41 Supervisors attended reflecting that 57% of Supervisors of Midwives have undertaken the training. In addition some have undertaken the training via other routes.

The evaluation for the two days was excellent. This is some of the feedback from the day:

- Focus the mind on the problem leading to the incident and not the person.
- Information excellent. Presenter superb.
- Rooted in practice and able to link back to carrying out investigation.
- I felt it was very informative and Alison was very flexible in her delivery. Obviously very passionate about her subject.
- Excellent presenting with excellent facilitator.
- Great chance to develop practice skills. Brilliant video learning tool!
- Presenter was very easy to listen to, kept interest. Obviously knew her stuff. Content was relevant to practice.
- Relevant to job will be really useful for future unpicking of problems/incidents.
- Very informative, helpful & interesting.
- Day should be available to everybody dealing with investigations.
- Essential day for all staff.
- Given me increased confidence in carrying out investigation.

The 4th LSA National Conference “The Vision in Supervision” was held on 29th April 2008. The LSA Midwifery Officer was on the planning team. The conference was held in East Midlands conference centre Nottingham and was attended by over 450 delegates including 40 Supervisors of Midwives from NHS South East Coast. Part of the programme included ‘Good Practice Seminars’. Of the 20 seminars 4 were lead by Supervisors of Midwives from NHS South East Coast;

- Guidance and model framework for programmes of supervised / supported midwifery practice.
  - Melvyn Dunstall - Frimley Park Hospital NHS Foundation Trust
- Antenatal clinic in Sainsbury’s ….. are you off your trolley?
  - Sue Eve - East Kent University Hospitals NHS Foundation Trust
- The changing face of parent education at Maidstone & Tunbridge Wells NHS Trust
  - Sarah Gregson - Maidstone & Tunbridge Wells NHS Trust
- What would you do ….? (Dealing directly with women’s special requests for a home birth)
  - Helen Pratt - Brighton & Sussex University Hospitals NHS Trust

Other Supervisors of Midwives from this area submitted proposals but there were over 40 submissions for the ‘Good Practice’ seminars.

Currently planning is in place for the 5th LSA National Conference “From Vision to Action”, to be held on 22nd April 2010. The LSA are encouraging Supervisors of Midwives to submit areas of good practice for the seminars.

3rd November, 2008 saw the NHS South East Coast LSA Conference. To build on the good practice seminars from the national conference and ensure there is sharing of best practice the day focused on celebrating good practice. All the presentations demonstrated leadership and how influential the
Supervisors of Midwives had been in changing practice to improve maternity services for women and their families and midwives.

The evaluation for conference was excellent. This is some of the feedback from the day:

- Many found the event interesting, stimulating, informative, and thought provoking
- They appreciated the learning
- The speakers were regarded as good, interesting, passionate, motivated, and enthusiastic
- The presentations were excellent, informative, professional, and thought provoking
- There was a good range of topics
- The material was current, relevant, and helpful and introduced new ways of working
  Specifically midwives enjoyed the presentations on:
  - 6 hats of supervision
  - Midwifery practice audit
  - Appropriate transfer
  - Supervised practice update
  - Birth centres and supervision
  - CHAPS
  - Sainsbury’s
  - Midwife led care in prison
- The Maternity Matters lunch time presentations were appreciated

The Supervisors also gave some suggestions for areas they would like to be included for future conferences. The next conference is planned for 3rd November 2009.

**Rule 13 – The Local Supervising Authority Midwifery Officer**

NHS South East Coast appointed Helen O’Dell as LSA Midwifery Officer, who is responsible for exercising its functions in relation to supervision of midwives. The LSA Midwifery Officer ensures good communication takes place between the LSA and NMC to enhance protection of the public especially in relation to the function of supervision of midwifery and midwifery practice. During the practice year 2008/2009 the LSA Midwifery Officer undertook 16 LSA Audits, 12 within NHS South East Coast and 4 overseas connected to the British Forces overseas maternity services.

<table>
<thead>
<tr>
<th>Trust</th>
<th>Date of Audit</th>
<th>Formal / Informal</th>
<th>Peer Supervision From</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Sussex Hospitals NHS Trust</td>
<td>30&amp;31/3/09</td>
<td>Formal</td>
<td>Brighton &amp; Sussex University Hospitals NHS Trust</td>
</tr>
<tr>
<td>The Royal West Sussex NHS Trust</td>
<td>27/06/08</td>
<td>Informal</td>
<td>Surrey &amp; Sussex Healthcare</td>
</tr>
<tr>
<td>Medway NHS Foundation Trust</td>
<td>11/7/08</td>
<td>Formal</td>
<td>Frimley Park NHS Trust</td>
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<tr>
<td>Frimley Park NHS Foundation Trust</td>
<td>28/10/08</td>
<td>Informal</td>
<td>Medway NHS Trust</td>
</tr>
<tr>
<td>Surrey &amp; Sussex Healthcare NHS Trust</td>
<td>8/7/08</td>
<td>Formal</td>
<td>Worthing &amp; Southlands Hospitals NHS Trust</td>
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</table>
Trainee Supervisors of Midwives all attended an LSA Audit as part of their training programme.

The LSA Audit visits enable the LSA Midwifery Officer to ensure that the standards set by the NMC are being met in practice. The 'Midwives rules and standards' (NMC 2004) set clear standards which have been developed into an audit tool assessing 54 standards. The three LSA Midwifery Officers in the South of England have developed the audit process and tool together. The audit standards are published in the Standards and Guidance for Supervisors of Midwives South of England (September 2008) page 28.

The LSA Audit varies in number of days depending on whether it is a formal or informal audit and on how many sites provide maternity services. The overseas visits take longer as often training is incorporated into the visits since it is not possible to have so much direct contact with the overseas Supervisors of Midwives.

The main differences between informal and formal; informal the LSA Midwifery Officer attends a supervision meeting and there is an opportunity to discuss local issues. For the formal audit evidence folders are expected to be prepared demonstrating how the 54 standards have been met.

Informal and formal audits have the opportunity to present to the LSA Midwifery Officer and the wider Executive team the achievements of supervision over the practice year. Also at all audit visits the Supervisors of Midwives are expected to share their supervision portfolios demonstrating how they are meeting the standards for Supervisors of Midwives set out in NMC guidance ‘Standards for the preparation and practice of Supervisors of Midwives’ (Oct 2006) www.nmc-uk.org/aArticle.aspx?ArticleID=1658 The competencies for Supervisors of Midwives South of England LSA’s template can be found (page 78);

This enables the LSA Midwifery Officer to review each professional development plan and to plan future training where there is a need, also to support other developments for Supervisors of Midwives. This is the first practice year that supervision portfolios have been reviewed.

Following the Audit visit, a report is written for each organisation reporting areas of good practice and making recommendations regarding future developments. An action plan is then developed by the Supervisors of Midwives to enable them to meet the recommendations. The action plan is followed up at the next audit or sooner if serious concerns are identified.

These standards have been in place now since the publication of the Midwives rules and standards (2004) so the majority of the standards are met by all units. There are still some challenging areas;

**Standard 1 - Women Focused Maternity Services**

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

The majority of units have information in the women’s hand held notes and on notice board and in pregnancy books given out at booking. Some units have a leaflet to give to women regarding supervision of midwifery. When talking to women on the wards during the LSA Audit it is still evident that women are not aware of supervision of midwifery. However, women who have concerns regarding provision of a homebirth service Contact Supervisors of Midwives so it may be that they are not looking or reading the information unless they have a specific reason to do so. The NMC have recently produced a new information leaflet for service users which is on the LSA website Raising the profile of statutory supervision with women and families (June 2009) [www.nmc-uk.org/aArticle.aspx?ArticleID=3844](http://www.nmc-uk.org/aArticle.aspx?ArticleID=3844)

**Standard 2 – Supervisory Systems**

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

Four Trusts did not meet the standard of 1:15, one Supervisor to fifteen midwives on 31st March 2009. However at the time of writing the report this standard has been met.

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

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

**Standard 3 – Leadership**

Standards met

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

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

It is important to make sure they are all undertaken except for those on long term sickness or maternity leave. Those on leave can be undertaken as support for their return to work.
Standard 5 - Midwifery Practice

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

Audits have been undertaken by all units and they continue to reveal some concerns regarding clinical practice. Further audits planned to ensure changes implemented are continued and embedded in practice.

Rule 14 – Exercise by a Local Supervising Authority of its function

The NMC has a responsibility to ensure that the standards set for the LSA are being met. The NMC has developed a framework for doing this – NMC Framework for Reviewing Local Supervising Authorities (July 2009). [www.nmc-uk.org/aArticle.aspx?ArticleID=2580](http://www.nmc-uk.org/aArticle.aspx?ArticleID=2580)

This is the third year that the LSA reports have been risk scored by the NMC and this risk score can be seen in appendix 3. 2008/09 score 27 is lower than the previous year 2007/08 score 45.

The two areas of concern were highlighted;

1. **Supervisor of Midwives/Midwife ratio above 1:20 within individual services or across the LSA.**

   2007/08 - Worthing & Southlands Hospitals NHS Trust had three trainees on the preparation course (October 2007), but one withdrew and three other Supervisors left. In August 2008 two new Supervisors were appointed and three Supervisors from other Trusts were supporting the Supervisors with on-calls and supervision support for midwives giving an adjusted ratio of 1:16.

   2008/09 Worthing & Southlands NHS Trust had two new Supervisors of Midwives appointed. The ratio on 31/3/09 was 1:20.5. On the 1st April 2009 the ratio is 1:13 as Worthing & Southlands has merged with Royal West Sussex to become Western Sussex Hospitals NHS Trust. Prior to 1st April 2009 the Supervisors of Midwives had met and offered support to the Supervisors of Midwives (see Section 4).

2. **No description of complaints process or number of complaints**

   The complaints process has been detailed in section 11 this year.

   Following receipt of all the LSA reports and analysis against the NMC Framework Risk Register the NMC decides which LSA’s to review. NHS South East Coast has not been selected for review for the reporting year 2009/10.

   The NMC has also published Supervision, Support and Safety; Analysis of the 2007-08 LSA reports to the NMC. The report acknowledges good practice within South East Coast;

   - LSA Midwifery Officer facilitates biannual meetings between Supervisors of Midwives and self-employed midwives

   Sadly the report contains several errors of information which have been copied incorrectly from the LSA Annual reports. The NMC has published an erratum regarding the North West LSA however despite being notified of the errors regarding NHS South East Coast these have not been acknowledged.

   The analysis finishes with nine recommendations for LSAs - see appendix 4 for action plan.
Rule 15 – Publication of Local Supervising Authority Procedures

NHS South East Coast LSA has a webpage with the LSA Midwifery Officers and LSA’s office contact details. [www.southeastcoast.nhs.uk/contactus/index.asp](http://www.southeastcoast.nhs.uk/contactus/index.asp)

The procedure for reporting all serious concerns relating to midwifery practice or allegations of impaired fitness to practice and the procedures by which it will investigate is a National guideline; [www.midwifew.org.uk/](http://www.midwifew.org.uk/) National Guidelines for Supervisor of Midwives L. Guideline for an Investigation of a Midwife’s Fitness to Practise. There is a link to the LSA Midwifery Officers’ Forum UK website from South East Coast website and the forums website has a link to the South East Coast LSA website.

The LSA Midwifery Officer works closely with the Patient Safety Team at NHS South East Coast to ensure there is consistency and that advice and support can be given regarding the maternity incidents. The LSA is notified of all Serious Incidents via Supervisors of Midwives and the STEIS reporting system, so is able to ensure appropriate reporting by cross referencing the reporting.

Rule 16 – Annual Report

This report is to meet the requirements of rule 16.

Improved care for women and enhanced and supported practice of midwives

Maternity Matters

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

Maternity Matters builds on this with the commitment to meet four national choice guarantees which will be available for all women by the end of 2009. Women and their partners will have opportunities to make well-informed decisions about their care throughout pregnancy, birth and postnatally.

National choice guarantees;

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

The key aim is to improve the quality of service, safety, outcomes and satisfaction for all women through offering informed choice around the type of care that they receive, and improved access to services whilst ensuring continuity of care and support.

The LSA Midwifery Officer, in conjunction with the Director of Clinical and Workforce/Regional Nurse at NHS South East Coast, innovatively developed a business case to support a programme to ensure the recommendations of Maternity Matters were met. The programmes aim was to;

Improve the quality services, safety, outcomes and satisfaction for all women through offering informed choice around the type of care that they receive, and improved access to services whilst ensuring continuity of care and support.
This was a two year programme (August 2007 – July 2009) with a Maternity Matters Lead, based at the SHA, appointed for 15 hours a week (August 2007). Each Trust received funding to support the appointment of a Maternity Matters Programme Facilitator.

The first eighteen months of the programme has passed and good progress has been made towards the implementation of the ambitious 4 choice guarantees before the end of 2009. The Maternity Matters facilitators all met together once a month to share their highlights (and challenges). At the time of writing the report the programme has been completed and the successes are being viewed in a ‘Celebrating Maternity Matters conference on 8th September 2009. There are some challenges remaining and a workshop at the conference will record these and draw up action plans as to how these may be achieved.

The LSA Midwifery Officer has line managed the Maternity Matters Programme Lead and together they have continually reviewed and monitored progress using the Chi Mat tool.

As reported earlier in the report Supervisor of Midwives have worked closely and supported the local Maternity Matters facilitators. The facilitators attended the LSA conference in November 2008 to share their progress to date. This has raised the awareness of the supervision of midwives role and interestingly several facilitators have been nominated to undertake the preparation for Supervisors of Midwives.

**NHS Institute for Innovation and Improvement “Focus on normal birth and reducing Caesarean Section Rates” events**

The LSA Midwifery Officer has worked closely with the NHS Institute’s team for normalising births and has supported all three local events within NHS South East Coast;

- 10th October 2008
- 2nd February 2009 postponed due to snow
- 26th March 2009
- 7th July 2009

The NHS Institute’s caesarean section (C/S) team worked with NHS maternity services to identify the practices and behaviours that contribute to achieving consistently low C/S rates. This information was gained from visiting maternity units with a range of C/S rates, observing practice and talking to staff and service users both formally and informally. The team then held workshops where findings from the visits were shared with representatives from the units who validated the information and gave a weighting to the importance of the behaviours and approaches to care.

From this work the team developed the *Pathways to Success self-improvement Toolkit* (NHS Institute, April 2007). The toolkit enables maternity services to assess where they fit currently into the spectrum of behaviours and characteristics that were identified during the project, and to decide on their goals and priorities in moving their service forward. As well as assessing their current service provision, the organisational characteristics direct staff to examine the culture of their organisation and the impact this may be having on promoting normal birth and reducing C/S rates. The toolkit also provides practical support in making sustainable changes to maternity services.

As part of an initiative to increase the spread and adoption of the Toolkit the NHS Institute undertook an evaluation to identify how the Toolkit was being used locally and to learn more about the experiences maternity units were having in implementing it. They then set about considering how best to help maternity units use the Toolkit and implement improvements by asking them what support methods would be most beneficial to them. Having listened to their experiences they developed a plan to support implementation of the Toolkit across the country. As part of this plan, invitations to apply to become an ‘Early Adopter Site’ were sent out via SHA Maternity Leads to every maternity unit in England. Two Trusts from each SHA were selected and have received free support from the NHS Institute to embed the Pathways to Success Toolkit and there was opportunity to hear about their experience on the programme at the local events.
The two early adopter sites for NHS South East Coast are:

- Royal West Sussex NHS Trust
- Surrey & Sussex Healthcare NHS Trust

The recent review of maternity services in England (Healthcare Commission, 2008) described a range of indicators in relation to rates of Caesarean section, facilitating choice during labour and birth, and the environment of birthing rooms. There is also new guidance from the Maternity Care Working Party on defining and auditing normal birth rates (NCT/RCM/RCOG, 2007).

The Pathways to Success Toolkit focuses on promoting normal birth and reducing Caesarean section rates and provides practical help with how to review services as well as what to address.

To continue with the promotion of normalising births several units have developed or are in the process of developing alongside Birth centres. The LSA Midwifery Officer is often asked for advice and guidance from midwives, Supervisors of Midwives, Directors of Nursing and other stakeholders. The service users are very keen for these to be developed.

**Review of maternity services 2007 – Healthcare Commission**

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

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

The review is based on three main sources of data:
- a web-based maternity questionnaire completed at Trust level;
- a voluntary web-based supporting questionnaire for maternity staff to complete at each Trust (which did not form part of the scored assessment);
- a Trust-level survey of women who have recently given birth.

The research is based on scored indicators set within an assessment framework and grouped under three terms, Clinical Focus, Women Centred Care and efficiency and capability. The data is scored on a scale of 1 to 5, with 1 representing poor performance and 5 the best performance. Within NHS South East Coast two maternity services were reported as least well performing:

- Ashford & St. Peter’s Hospitals NHS Trust
- Surrey & Sussex Healthcare NHS Trust

The LSA Midwifery Officer has worked closely with both organisations and also Health Care Commission now Care Quality Commission.

**Local Action Plans**

In response to the review, both organisations developed local action plans to address the specific areas in which they received low scores and a combination of forums exists within Surrey to regularly discuss and review delivery against these action plans. These include Directorate
Governance meetings, Surrey Maternity Network Steering Group, formal SHA/Commissioner / Provider review meetings.

Performance to date has been positive and both organisations are able to demonstrate improvements overall. Surrey & Sussex healthcare NHS Trust undertook a repeated Picker Survey in 2008 which demonstrated significant improvement for 5 of the HCC indicators and Ashford and St. Peter’s Hospitals NHS Trust has just completed its repeat Picker survey which shows that the Trust scores significantly better on all indicators with the comment “the survey showed that there is a very clear trend showing an improvement in the patient experience since 2007”. Both organisations shared their repeat surveys and re-submitted their data to the now Care Quality Commission (previously Healthcare Commission). The Commission has confirmed that Surrey and Sussex Healthcare NHS Trust has demonstrated vast improvements. It is currently in the process of reviewing local data received from Ashford and St Peter’s Hospitals NHS Trust but has confirmed that it is satisfied with their latest action plan. In response to concerns the Commission has updated its website with the following text ‘The quality of care provided can change over time. Talk to your midwife or GP for up to date information’. This will sit next to the maternity service review results on the Commissions website.

Key achievements to date include:

**Ashford & St Peter's Hospitals NHS Trust**
- Achieved NICE recommendations for compliance of number of antenatal appointments
- In an effort to reduce the number of Caesarean Sections, the number of Vaginal Birth after Caesarean clinics has been increased with positive feedback received
- Strategies implemented to reduce maternity morbidity are proving successful
- Local standards set for women to be seen by a midwife for booking within 2 weeks of referral
- Additional ensuite birthing facilities.
- New post for safeguarding and vulnerable adults.
- Implemented the recommended Combined Screening Programme
- Local standards developed for care of mothers post delivery
- Maternity establishments increased by 12.6 whole time equivalent
- New competency framework for Band 5 midwives
- New maternity notes agreed and currently with the printers
- New clinic for women to directly refer without going to GP
- Women’s length of stay improved – 4 midwives completed Midwife Examination of the Newborn course in 2008
- Women’s view of cleanliness of delivery and postnatal areas – Matron’s role focused on improving women’s experience
- Maternity Support Worker training

**Surrey & Sussex Healthcare NHS Trust**
- External Cephalic Version (ECV) (Breech) Policy developed
- Vaginal Birth after Caesarean (VBAC) clinic set up
- Implemented the recommended Combined Screening Programme
- Named midwife lead for women presenting with Mental Health issues
- Choice in labour improved
- Stakeholder involvement in service planning and evaluation improved
- Accepted as an early adopter site for support from the NHS Institute of Innovation & Best Practice to Reduce Caesarean Section rates
- Second post-natal ward opened
- Increased staffing
- Maternity Support Worker training
• Career development programme for midwives (won national award for pilot). Programme includes offering midwives the opportunity to manage a labour ward, work on decision-making processes and how to raise working standards.

Progress against plans has proved challenging. A common theme impacting upon improvements has been staffing constraints, ranging from recruitment issues to experience of staff in post. Both organisations have responded well to these challenges, Ashford and St Peter’s Hospitals NHS Trust has benefited from an additional seventeen whole time equivalent midwives joining the Trust in November 2008, Surrey & Sussex have recruited twenty whole time equivalent more midwives compared to when the initial survey was undertaken. Both units meet the SHA workforce plan target ratio of 1:35 for 2008 - 09.

Surrey PCT is confident that both organisations are continuing to make good progress against their action plans. Their performance will be monitored through existing performance monitoring arrangements to ensure both the PCT and the SHA are assured they are meeting the pledges laid down in Healthier People Excellent Care.

Promoting and sharing good practice

During the LSA Audit visits, the LSA Midwifery Officer has the opportunity to hear several areas of where practice has been developed and encourages the Supervisors of Midwives and midwives to share this on a local and national basis e.g. LSA National and local conferences

The LSA Midwifery Officer also encourages units to put themselves and members of staff forward for awards as recognition of the excellent work they are doing. During 2008/09 the following recognition was received;

All Party Parliamentary Awards 2008:
• Working with vulnerable women from Bronzefield Prison and developing local services to meet their needs - Ashford and St. Peter’s Hospitals NHS Trust
• Development of an active Women’s Focus Group – East Sussex Hospitals NHS Trust (Highly Commended)

British Journal of Midwifery 2008;
• Supervisor of Midwives of the year (runner up)- Sue Sauter Dartford & Gravesham NHS Trust
• Midwife of the year (runner up) - Jo Harman Dartford & Gravesham NHS Trust

Leadership for senior midwives

The LSA Midwifery Officer put a successful bid together to gain funding to support 40 senior midwives within NHS South East Coast to undertake the RCM Leadership development programme. This consists of a two day development centre with a comprehensive feedback report and a 1:1 meeting. The second part of the programme is a three day strategic leadership programme. The first of four two day programmes took place in the practice year 2008/09. As the majority of the programme took place in the practice year 2009/10 this will be reported in more detail in next years LSA report.

LSA Programme Midwife

The LSA Midwifery Officer was successful in securing funding for a secondment for an LSA Programme midwife initially for 15 months. The post was filled at the end of January 2009.
The LSA programme midwife is leading on two large programmes

- Supervised practice Audit
  This is discussed in section 12

In support of the audit the LSA Programme Midwife is also giving additional support with supervised practice programmes. This is supporting both midwives and Supervisors of Midwives. This will be discussed in more detail in next year's annual report

- Maternal death review
  This will be discussed in section 10.

**Maternity Dashboard**

The Heads of Midwifery and LSA Midwifery Officer are in the process of jointly with local Trusts and maternity commissioners developing a maternity dashboard for NHS South East Coast. It is based on the work from the Royal College of Obstetrics & Gynaecology dashboard. The Quality Observatory and analysts at NHS South East Coast are supporting and helping with the development.

**Midwifery workforce**

The LSA Midwifery Officer works closely with the local workforce leads and analysts and the National Workforce team to monitor midwifery workforce. See section 10 for more details.

**Maternity Commissioners**

The maternity commissioners and the LSA Midwifery Officer meet regularly in various forums and with different stakeholders to discuss maternity services. The maternity commissioners often phone the LSA Midwifery Officer for clarification and testing ideas.

**Chairs Maternity Services Liaison Committee (MSLC)**

In the practice year 2008/9 contact was made with the Chairs of the MSLC. Several attended their local LSA Audit visits and if they were unable some sent reports regarding user involvement at the organisation. See section 7 for further details.

**Productive maternity**

The productive ward programme is being implemented across the NHS. Several of the maternity units within NHS South East Coast have adopted the principles and are working on productive maternity. A maternity programme is currently under development so next year’s report will contain more information.

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

Healthier people, excellent care is NHS South East Coast region-wide vision for improving health care across Kent, Surrey and Sussex. It represents two years of widespread consultation and discussion led by clinicians based on best clinical evidence and including the views of NHS staff, patients, the public and our partners.

- By 2011, 90% of pregnant women will see a midwife within 12 completed weeks of confirmation of pregnancy to discuss their individual needs and preferences about how and where to give birth. We will focus in particular on making contact with women from vulnerable groups.
• By 2010, every woman will be able to make an informed choice about place of birth in the knowledge that the NHS will be able to meet her preference for a home birth, birth in midwife-led unit, or birth in a consultant-led unit.

• By 2010, there will be a consultant present for at least 60 hours of every week on the labour ward in every consultant-led obstetric unit (with the expectation of units with fewer than 2,500 births a year where 40 hours will be the minimum).

• By 2010, all women will be individually supported by a midwife through their labour and birth following confirmation of established labour.

• By 2010, we will ensure that all mothers and babies receive high quality postnatal care, for example support with breastfeeding for at least 6 weeks.

• By 2011, all pregnant women and new mothers will be able to get the help they need with mental health problems.

During 2008/09 the pledges have been revised to reflect the consultation and feedback. The Maternity and Newborn pledges are the future vision and pathway for the further development of maternity services. The pathway, as well as monitoring standards, will play a key role in supporting innovation and sharing best practice within maternity services.

2009/10 has seen the appointment of two part time Clinical Advisors to the maternity and newborn pathway;

Helen O’Dell  
LSA Midwifery Officer NHS South East Coast  
Helen.odell@nhs.net

Dr Ryan Watkins  
Consultant Neonatologist Brighton & Sussex University Hospitals NHS Trust  
Ryan.watkins@bsuh.nhs.uk

The programme is developing further and will be reported on further in 2009/10 report.

**Challenges that impede effective supervision**

The LSA Midwifery Officer is advised of challenges via different routes; by phone, email, supervision meetings, LSA Audit visits and one to one meetings.

• Supervisors of Midwives are being called out of hours to provide a pair of hands to keep maternity units open or to support home births.
  
  o The LSA is going to be undertaking a three month activity log to see how often this is occurring. (See Section 5)

• Supervisors of Midwives are finding it difficult to release time to undertake supervision duties e.g. annual reviews, Supervisory investigations, supporting midwives in supervised practice programmes
  
  o This will also be covered in the three month activity log to see how often this is occurring.

• Frustration with professional colleagues’ attitude to change especially in regard to normalising births
Encourage multi-professional discussions and involvement in Healthier people, excellent care and innovative practice

**Electronic storage of supervision related data**

NHS South East Coast LSA has been using the LSA database for four years. The LSA office electronically stores all Supervisory investigation reports. The complete investigations are stored locally.

The storage of Supervisory records is kept in line with [www.midwife.uk.org/](http://www.midwife.uk.org/) National Guidelines for Supervisors of Midwives B. Retention and Transfer of Records Relating to Statutory Supervision. Records are stored securely usually in a locked filing cabinet in a locked office. Supervisory investigations would be kept in the midwife’s file. If the midwife moves organisations then the investigation would remain at the investigating Trust as it is an issue relating to that organisation. A summary of any incident, recommendations and confirmation that objectives / supervised practice had been completed would be sent with the Supervisory file. The investigation would be kept in the locked filing cabinet.
7. Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery office with the annual audits.

There are several forums within Trusts where service users are members e.g. Maternity Services Liaison Committee, Labour Ward Forum and often local working groups. Supervisors of Midwives are also members of these forums so there are several opportunities to work together. Units that are thinking of developing birth centres always have service user input into working groups.

Service users from the units were involved in the LSA audit. The majority were Chairs or members of the Maternity Services Liaison Committee (MSLC) or Labour Ward Forum. Involving service users enhanced the audit process and offered another dimension. The service users all enjoyed the opportunity and have been encouraged to write up the feedback they received on the day from midwives, students and women.

The LSA Midwifery Officer asked the users whether they would be interested in visiting other maternity services and several voiced an interest. The process is currently being reviewed. The expectation would be for service users to be involved with the formal audits. A greater emphasis was put on meeting women on the audit day. When a service user was not present they were invited to send comments/feedback for the audit reports. The views of women ascertained either by Supervisors of Midwives, service users or other methods were, in general, very positive.

All Trusts have now developed information for women regarding the supervision of midwives - either in a leaflet format, in the woman's hand held records, information on notice boards and information on Trust websites. However, as discussed earlier when women are asked they are not aware of supervision of midwifery. Maybe we should ask women who do contact Supervisors of Midwives for help / guidance how they became aware that they could contact a Supervisor of Midwives.

In the practice year 2009/10 all the Chairs of the local MSLC's were invited to a VOICES training day and nearly all LSA audits in 2009/10 have service users as part of the audit team. This will be discussed in next year's report.
8. Evidence of engagement with higher education institutions in relation to Supervisory input into midwifery education.

There are four universities providing midwifery training at degree level within South East Coast;

- University of Greenwich 3 year programme
- Canterbury and Christchurch University 3 year & 18 month programme
- University of Brighton 3 year & 18 month programme
- University of Surrey 3 year & 18 month programme

All universities have midwives from local Trusts on course boards. All four universities have quarterly meetings with educationalists and Heads of Midwifery where there are opportunities to discuss undergraduate and post graduate programmes. The LSA Midwifery Officer attends when able. Experienced midwives / Supervisors of Midwives support the recruitment of student midwives to the 18 month and three year programmes.

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

The four lead midwives for education (LME’s) attend the South East Coast Head of Midwifery network where valuable discussions take place regarding education commissions, issues from both pre and post graduate courses and future developments. Many of the meetings are held within NHS South East Coast central office so several staffs are able to attend the network. This enables good communications between workforce, education commissioning, the Director of Clinical & Workforce Development and the SEC Academy. This structure has enabled the network to confirm and get agreement for increasing student midwife education commissions in just a day, when the network meeting has been taking place. At this meeting attrition rates from the programmes are discussed and monitored.

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

Brighton University provides the Preparation of Supervisors of Midwives course at both degree and masters level. The LSA Midwifery Officer liaises closely with the Lead Midwife for this course and contributes to quality assurance monitoring. The LSA Midwifery Officer is a member of the course board and contributes to the planning, teaching and assessment of this course. The evaluation of the course is received and changes made to continually improve the course.

The trainee Supervisors of Midwives feel there is a lot of academic and practical work to be achieved for the course. The standards for the preparation and practice of Supervisors of Midwives (NMC 2006) presented an opportunity to review how the academic aspect was going to be presented. This is now in a portfolio presentation to demonstrate that the competencies section 5, have been met. This links the practice of supervision of midwifery and the academic requirement together. Reflective models are used to demonstrate how these competencies have been met. The expectation is that trainee Supervisors of Midwives attend LSA meetings so the LSA Midwifery Officer has a lot of contact with the trainees throughout their programme and following appointment.

The Preparation of Supervisors of Midwives course was validated in 2007 by NMC to ensure that the programme complies with the ‘Standards for the preparation of Supervisors of Midwives’ (NMC 2006).

The four universities have been very supportive in providing academic support for supervised practice programmes in local Trusts. The lecturers support the midwives, especially in relation to writing reflection regarding their set objectives. They also review their evidence portfolios from an academic perspective to ensure the theory underpins the clinical perspective.
9. Details of any new policies related to the supervision of midwives.

The link Supervisors of Midwives and LSA Programme Midwife work closely with the LSA Midwifery Officer to contribute to the development of national and local guidance.

September 2008 saw the launch of the updated South of England guidelines, previously 2005. These are available on the; www.southeastcoast.nhs.uk/whatwedo/LocalSupervisingAuthorityoftheSouthEastCoast.asp. The guidelines were also sent to each Contact Supervisor for sharing. Several units have a supervision drive at their local Trusts where they can store all the supervision documents, notes of meetings etc.

The format for the South of England’s guidelines has changed in that there are now three sections;

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<tr>
<th>Section 1</th>
<th>LSA Guidelines to support Midwives rules and standards (NMC 2004)</th>
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<td>Section 2</td>
<td>Statutory Supervision of Midwives</td>
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<td>Section 3</td>
<td>Local LSA Guidance</td>
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The aim of section one is to demonstrate the guidelines that support the ‘Midwives rules and standards’.

The Local Supervising Authority (LSA) is required to publish its procedures associated with the supervision of midwives. The NMC Midwives rules and standards (2004) include reference to specific requirements. To ensure all criteria are addressed, a gap analysis against the midwives rules and standards has been undertaken (see appendix 5). In addition to these, the LSA’s in the South of England have included guidance materials for Supervisors of Midwives to access as they require.

The guidelines are reviewed at least every three years. Consultation has started to review the midwives’ rules and standards and it is anticipated that these will require complete revision of all national and local guidance.

The number of national guidelines has also increased and therefore local guidance decreased which can only enhance supervision of midwifery by sharing the same guideline. The national guideline can be found on the newly developed LSA Midwifery Officers Forum UK website www.midwife.org.uk.
10. Evidence of developing trends that may impact on the practice of midwives in the local supervising authority.

Demographics

NHS South East Coast serves a population of 4.2 million people and covers a large geographical area of 3,600 square miles where the demographics vary considerably from 80% rural and 20% urban. There is widespread affluence and high educational and professional achievement. There are also significant pockets of deprivation in coastal areas, isolated rural areas and among travellers, transient workers and asylum seekers. Hastings in East Sussex is one of the most deprived communities in England.

Within NHS South East Coast there are 8 primary care Trusts, 13 acute Trusts (12 provide maternity services), 4 mental health / community Trusts and 1 ambulance Trust.

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

Public Health Profile

The South East is one of the healthiest regions in England (The South East England Health Strategy February 2008). A boy born today can expect to live to 77.5 years whilst a girl can expect to live to 81.8 years. There are regional variations of life expectancy across the South East – eighteen years difference between the lowest life expectancy in River Ward in Littlehampton, West Sussex and the highest in Castle Ward in Dartford Kent.

The region performs comparatively well in terms of obesity, smoking, fruit and vegetable consumption and exercise. However, more than one in five adults are smokers, a similar proportion of adults are binge drinkers, nearly one in five adults are obese and the sickness absence rate is joint second highest in England.

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

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

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

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

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

Teenage pregnancy - (Choosing Health 2004– reduce the under 18 conception rate by 50% by 2010).

The 2008/2009 range is from 0.54 to 5.63% of women giving birth. These figures clearly identify higher rates in some areas and some increases and decreases from previous years. Further work needs to be undertaken to review what support and education is in place. Several Trusts have midwives providing a dedicated service for pregnant teenagers. Providing support to teenagers when they are pregnant will possibly only reduce future pregnancies but is too late to influence the first pregnancy.

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(N/A = not available)

The Maternity Matters programme has seen a further increase in the number of specific midwives /programmes in place to support teenagers and the uptake of the support is good.

Infant Feeding

Public Service Agreement (PSA) 12 sets out the Government’s commitment to improve the physical, mental and emotional health and wellbeing of children and young people from conception to adulthood. Breastfeeding offers long term emotional, physical and mental benefits to mother and child. The Government wants to see the level of breastfeeding as high as possible with parents getting help with breastfeeding and other aspects of parenting and health from health visiting and midwifery teams and General Practices.

The Department of Health is committed to encouraging the NHS to adopt UNICEFs Baby Friendly Initiative (BFI) to promote good practice in hospitals and the community to encourage mothers to
initiate breastfeeding and provide them with the necessary skills to continue breastfeeding for as long as they can.

The Infant Feeding Survey 2005 states that 78% of mothers in England initially breastfed their babies. This is up 6 percent from the 71% reported in the previous Infant Feeding Survey of 2000.

Within NHS South East Coast in 2008/2009 there are 7/12 units with over 78%, 4 units being below 65%.

The units are asked to provide information regarding the number of women breastfeeding on discharge to the health visitor. This is collected manually by most units and the drop off rate appears very high so the figures need reviewing to ensure accuracy. All units have breastfeeding training for their staff and all units follow the WHO/UNICEF ten steps for breastfeeding incorporated in their infant feeding guidelines.

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Royal Surrey County Hospital and Royal West Sussex has the Unicef Baby-Friendly Award although the majority of maternity units within South East Coast have chosen not to be assessed by the Baby-Friendly Hospital Initiative. This is partially due to the cost and assessment process. The important aspect is that the WHO/UNICEF ten steps are followed and that breastfeeding is supported and the numbers of women breastfeeding increases. There appears to be willingness to review the Baby-Friendly Hospital Initiative and there is keenness from the universities to be a part of this.

In 2009/10 a Regional Infant feeding Coordinator has been appointed so will be leading on this work.
Smoking

The smoking target is to reduce adult smoking rates from 26% to 21% or less by 2010 (Choosing Health 2004).

Data was available from all twelve Trusts and the figures are for women smoking at time of birth. The 2008 / 2009 range is from 8 – 20%. These figures are very similar to the previous years. Two Trusts have a slight reduction, 6 units are higher than 2007/08. All units are less than 21%, however we cannot be complacent as there is still a need for further improvement.

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(N/A = not available)

Clinical Activity

In April 2009 a ‘Midwifery Practice Audit Form’ was sent to the Contact Supervisors of Midwives to complete. The Contact Supervisor completes the form with the local Supervisors of Midwives and usually management / Head of Midwifery support, especially in regard to the workforce questions. The completed form is returned to the LSA Administrator and, with the support of a knowledge management analyst, the data was entered onto spreadsheets and used to present the evidence in this Annual Report and for several presentations throughout the year.

The Midwifery Practice Audit Form asks for details of:

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

Eleven of the twelve Trusts have a maternity information system to support them in accessing this information. The 12th Trust is in the process of purchasing a maternity information system.

In addition Contact Supervisors of Midwives are sent a template to support them in writing an annual report to the LSA advising of all their activity as Supervisors of Midwives. It is expected that this report will be sent to the Director of Nursing and Chief Executive to assure them that requirements of supervision of midwifery are being met in their organisation.

In South East Coast there has been a further increase in clinical activity in eight out of twelve Trusts. A breakdown of full clinical statistics can be found in Appendix 5 and 6.


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</table>
The last five years has seen an increase of 5573 births, or 10.5% across NHS South East Coast. The national increase in births between 2007/2008 taking place in NHS hospitals increased by 3.3% the increase in NHS South East Coast for the same period was 2%.

The number of babies to women will always be greater due to multiple births. The number of more than one baby has increased by 1.4% in 2005/06 to 1.7% in 2008/09.

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

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

Units that have maternity triage;

- Medway NHS Foundation Trust (24 hours)
- Ashford and St. Peter’s Hospitals NHS Trust (24 hours)
- Surrey and Sussex Healthcare NHS Trust (working towards 24 hours)
- Brighton and Sussex University Hospital NHS Trust (24 hours Royal Sussex County site)
Two units are considering developing a triage service in 2009/2010.

- Western Sussex Hospitals NHS Trust (Chichester site)
- Dartford & Gravesham NHS Trust

**Suspension of maternity services**

Trusts that have more than one site often divert women from one site to another because of staffing or capacity issues. Some women are given a choice to attend another site so that an induction of labour post dates may still take place or they may wait if clinically indicated. Where possible all diverts and closures should be avoided with safety of the woman and baby remaining the priority. Clarification of the definition of "diverts and closures" needs to be sought within NHS South East Coast and nationally to ensure consistency of reporting. It is the impact of diverts and closures on women which needs to be captured in the data, as frequently, a divert, or closure has not directly affected any women.

In the practice year 2008/2009 there was fifteen closures having reduced from the previous year, 2007/2008 when there were twenty-one.

Total closure, defined as no women can be admitted to any site within that organisation. Eight Trusts did not close. There were between one and seven total closures in four Trusts. Clearer information needs to be gathered as to length of time, reason for closure and number of women affected. The LSA database has this facility and during the practice year 2009/2010 all Supervisors of Midwives will be encouraged to enter the data within a maximum of twenty-four hours.

Within NHS South East Coast a region wide maternity dashboard is in the development stage and is anticipated it will record diverts, closures and number of women affected. This is a tool that will assist maternity services to utilise their data more proactively to flag concerns to their Trust Boards.

**Home births and birth centres**

Increasing the number of home births and birth centres will reduce the capacity problems in the hospitals and reduce diversions and closures; however it will place more demands on staffing. The number of home births has increased in 6 units, reduced in 5 and stayed the same in 1.

Midwives are keen to increase the number of ‘birth centres’ and midwifery led care extending the choice for women, but also extending the choice for midwives. Units with birth centres and alongside midwifery led units have no problems in recruiting midwives.

Women are choosing the option of a homebirth and birth centres. The national average of homebirths is 2.6% (England 2005-06). Nine of the twelve Trusts in the region have a higher homebirth rate than the national average. Surrey has the lowest homebirth rates within South East Coast; however this last year has seen an increase in three of the four units. Of the other three units within NHS South East Coast, two are on national average and one is below.
Birth Centres offer another choice for place of birth. Birth Centres can be stand alone or alongside. Within NHS South East Coast there are three stand alone birth centres that have been established for several years; Crowborough, Dover and Canterbury. The last two years has seen the development of alongside units where midwifery care is provided;

- Surrey & Sussex Healthcare NHS Trust - alongside
- Dartford & Gravesham Hospital NHS Trust - alongside
- Royal Surrey County Hospital NHS Trust – home from home rooms
- East Kent University Hospitals NHS Foundation Trust – two stand alone
- East Sussex Hospital NHS Trust – one stand a lone

Other units are considering developing Birth Centres alongside or stand alone;

- Medway NHS Foundation Trust – alongside
- Maidstone & Tunbridge Wells NHS Trust – standalone (2011)
- Ashford and St. Peter’s Hospitals NHS Trust – alongside
- East Kent Hospitals University NHS Foundation Trust – two alongside

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<th>Trust</th>
<th>Midwifery supported unit – standalone / alongside / home from home</th>
<th>Home births</th>
<th>Total out of hospital</th>
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<td>4.3%</td>
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<td>East Sussex Hospitals NHS Trust</td>
<td>7.14%</td>
<td>4.57%</td>
<td>11.72%</td>
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<tr>
<td>Averages</td>
<td>7.5%</td>
<td>3.3%</td>
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Out of Hospital - Birth Centres and Homebirths

The national average of induction of labour is 20.4% (2007-08). Three Trusts are higher than the national average.

Inductions of Labour
National Average 20.4% (2007/08)

The national average for caesarean section has increased slightly to 24.6% (2007-08). Within the South East Coast region eight of twelve Trusts have caesarean section rates above the national average, with the Brighton & Sussex Universities Hospitals NHS Trust and Surrey & Sussex Healthcare NHS Trust having a 31% average.
Two Trusts, Royal West Sussex NHS Trust and Surrey & Sussex Healthcare NHS Trust, were accepted to work with the NHS Institute as early implementers for reducing caesarean section rates / normalising births. The aim was that the work that was undertaken in those two Trusts would be shared with all the units across South East Coast and nationally. Disappointingly Surrey & Sussex stayed the same at 31% and Royal West Sussex total caesarean section rates increased by 3%.

Eight Trusts saw a reduction in caesarean section rates between 1 – 6%.

- Dartford & Gravesham NHS Trust 1%
- East Kent Universities Hospitals NHS Trust 1%
- Ashford and St. Peter’s Hospital NHS Trust 1%
- Frimley Park NHS Foundation Trust 1%
- Medway NHS Foundation Trust 2%
- Worthing & Southlands NHS Trust 2%
- Maidstone & Tunbridge Wells NHS Trust 3%
- East Sussex Hospitals NHS Trust 6%

The national average for elective caesarean section rate is 11% (England 2005-2006). Seven of the twelve Trusts within the South East Coast region are higher than the national average for elective caesarean sections. The elective caesarean section rate at Dartford & Gravesham NHS Trust - 17% and is the highest within South East Coast, Surrey & Sussex is 15%.

East Sussex Hospitals NHS Trust has made the biggest change by a reduction of 6% in their booked caesarean section rate from 12% in 2007/08 to 6% in 2008/09.
The national average for emergency caesarean section rate is 12-13%. Nine of the twelve Trusts within this region have a higher than national average emergency caesarean section rate. However, nine Trusts have a reduction from the 2007/08. The reduction varies from 1-4%. Maidstone & Tunbridge Wells NHS Trust have reduced the emergency section rate by 4%.

Stillbirth—In-utero death birth after the 24th week of pregnancy (CEMACH April 2005). The national rate is 5.6 per 1000 live births. There are 3 units within NHS South East Coast that are slightly higher than average stillbirth rate.
Early neonatal death – (death of a live born baby occurring less than 7 completed days from the time of birth CEMACH April 2005) - the largest number of neonatal deaths are usually due to immaturity.

Late neonatal death – (death of a live born baby occurring from the 7th day of life and before 28 completed days from the time of birth CEMACH April 2005). The national neonatal death rate (early and late) is 3.66 per 1000 live births (CEMACH 2003). The information regarding early and late neonatal deaths is incomplete as many of these services are managed by children’s services.

Maternal Deaths

The UK maternal mortality rate for 2003-2005 is calculated using direct and indirect maternal deaths and the current national rate is fourteen per 100,000 live births (CEMACH 2007). This would equate to approximately seven out of every 50,000 births in South East Coast. For the year 2008/2009 there was six maternal deaths.

The maternal deaths are reviewed by the unit concerned and a report is sent to the LSA Midwifery Officer and the CEMACH Regional Manager. The LSA Midwifery Officer discussed the maternal deaths with the Regional CEMACH Officer and it was agreed that a more in-depth review of the maternal deaths within NHS South East Coast would be of benefit and this is being undertaken in practice year 2009/10.

The three maternal deaths in one organisation were discussed internally with the patient safety team, a Director as well as with the organisation and, externally, with CEMACH Regional Officer and Nursing & Midwifery Council - Head of Midwifery. The organisation approached the Health Care Commission themselves and after reviewing a large amount of evidence the Health Care Commission advised the organisation that there was no need for them to visit or undertake a review.

The organisation, following completion of their reports, developed action plans to address learning and change that was required. These were shared with the LSA Midwifery Officer and Health Care commission.
Patient Safety

The South of England Guidance Section 3.17; www.southeastcoast.nhs.uk/whatwe...includes a section on reporting serious untoward incidents. All Trusts within NHS South East Coast use the STEIS reporting system for SUI reporting. The LSA Midwifery Officer has access to this and is notified of events via the SHA communications but also by Supervisors of Midwives. The LSA office keep a log of SUI’s reported to them by the Supervisors of Midwives so if a STEIS report does not come in the LSA office chases and vice versa.

Definition of serious untoward incident:

Any event which:

a) involves a patient, service user, NHS staff, and a member of the public or other providers of healthcare.

and

b) results in or could have resulted in one or more of the following
   i. Serious Injury
   ii. Unexpected death
   iii. Permanent harm
   iv. Significant public concern
   v. Significant media concern
   vi. Significant disruption to health care services

In addition - All maternity SUI’s must be reported to the LSA Midwifery Officer either by phone or e-mail.

Time Frame

Notification to LSA/SHA within 48 hours

Interim report (Brief outline) within 7 days

Full report within 6 weeks

List of events that should be report to the LSA as Serious Untoward events

Under Rule 15 of the midwives rules and standards (NMC 2004) the following incidents should be reported to the LSA Office:

- An incident or accident when a patient, any member of NHS staff (including those working in the community), or member of the public suffers serious injury, major permanent harm or unexpected death (or the risk of death or injury), on hospital, other health service premises or other premises where health care is provided or whilst in receipt of health and social care, or where actions of health service staff are likely to cause significant public concern
- Maternal Death
- Untoward Stillbirth
- Untoward Neonatal Death
• Significant drug errors
• Significant infections
• Temporary closure of maternity beds/units
• Sustained deficits in midwifery staffing
• Maternal mortality/serious morbidity
• Any incident not already reported that does generate media attention
• Any incident likely to generate media attention
• Any investigation into suboptimal practice

This list is not exhaustive and Supervisor of Midwives call for advice and support regarding clinical issues.

Suggested procedure for the Supervisor of Midwives to follow in the event of a serious adverse incident.

The Supervisor on call will visit the unit to:

- Ensure staff are well supported
- Ensure care is appropriate and ongoing to the mother and partner and ensure communication is effective from all health care professionals involved in care of mother and/or baby.
- Advise and assist with recording accurate events in the mother’s records. Ensure CTG recordings, cord blood analysis are secured in records. Arrange for a photocopy of all records, including the CTG (as a minimum the last 2-3 hours prior to delivery).
- The Supervisor of Midwives will inform the Local Supervising Authority as soon as possible.
- Inform the involved midwife’s named Supervisor of Midwives as soon as is practical who will provide ongoing support for the midwife
- In the case of a maternal death the procedure for notification will be followed

It is essential that the Supervisor of Midwives on-call should be notified of a serious untoward incident so that they can ensure the above takes place. Other issues regarding a midwife’s clinical practice may come to light after the risk manager has reviewed an incident form. It is essential that Supervisors of Midwives work closely with the risk manager to ensure incidents are reviewed and where appropriate further investigation of a midwife’s practice is undertaken following National LSA guidance [www.midwife.uk.org](http://www.midwife.uk.org/) National Guideline for Supervisors of Midwives. Guideline L – Guideline for an Investigation of a Midwife’s Fitness to Practise. The decision to investigate a midwife’s practice or not, can only be taken by a Supervisor of Midwives and cannot be delegated.

**Clinical Negligence Scheme for Trusts (CNST)**

Maternity services in England account for a significant proportion of the number and cost of claims each year. In response to this the Clinical Negligence Scheme for Trusts (CNST)-Maternity Clinical Risk Management Standards were developed. These have been revised and the updated standards were published on 26th March 2009. All units within the Local Supervising Authority have achieved CNST Level 1 against CNST Maternity standards.

Reaching CNST Level 1, 2 and 3 is a significant achievement for maternity services. In the last year 1 unit has increased by a level – Frimley Park Hospital NHS Foundation Trust has achieved Level 3.
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The CNST Maternity Standards are fully endorsed by both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives.

The enormity of preparation for these assessments cannot be underestimated. In addition it is important to ensure that once systems are in place they continue to be effective and that evidence is continually collated. Some units have an identified person / midwife to undertake this role. There is agreement from the local Heads of Midwifery that these standards do improve quality of care and encourage multi-professional training and working.

**Workforce**

The number of ‘Intention to Practise’ ITP forms received last year has increased slightly from 2166 to 2240. This figure has been obtained from the LSA Database which has been in place now for four years.

The 2240 figure is the number of ITP’s received in one year not the number of midwives in post some will have retired or resigned from their role within South East Coast. It is possible to view age profiles for all those midwives from the Intention to Practice forms for 2007/2008 entered onto the LSA database.

The age profiles give information for future planning of maternity services. In South East Coast 29% of the midwives are age 50 or over, a 2% increase from 2007/08. The age profiles identify that the highest group of midwives are aged 41-45, followed by 46-50 and 51-55. It is essential that these figures are used to inform recruitment strategies in the workforce development, Higher Education Institutes and local Trusts.
### Midwives Age Profile – South East Coast

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Number of Midwives</th>
<th>% of Midwives</th>
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<td>26-30</td>
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<tr>
<td>31-35</td>
<td>212</td>
<td>9.46</td>
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<td>Over 65</td>
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<td><strong>Total</strong></td>
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<td><strong>100%</strong></td>
</tr>
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</table>

Midwives Age Profile - South East Coast

(2007/8 = 2130 Midwives, 2008/9 = 2240 Midwives)

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**Midwife to birth ratio**

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

The future birth rate is difficult to predict and the Office for National Statistics (ONS) forecast did not expect the rise that some of the units have seen. Workforce Review Team (WRT) predictions on future birth rates is approximately 1% over 5 years. This would seem very low considering the local picture over the last five years - the birth rate has increased by 11.00%. In 2008 the Department of Health’s prediction was for a 5% rise in births over the next five years.
Taking into account the above data, consideration has been given to both scenarios calculating the required growth in midwives over the next 5 years. In addition to this, working towards achieving the midwife birth ratio of 1:28 in order to support one to one care in labour, has been accommodated.

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

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

Following the workforce report (February 2008), there has been eighteen additional education commissions for eighteen-month midwifery training (September 2008), along with six additional three-year midwifery training places and funding for twenty four Return to Practice (RTP) midwives 2008/09 and eighteen for 2009/10 as not all of the places were taken up.

The difficulty is practice placements for students. It is essential that all students receive appropriate mentoring by midwives who have met the Nursing & Midwifery Council sign-off mentor’s standard. To support this business case for additional funding was submitted for ‘Clinical Facilitators’. These facilitators are in place part time for each organisation to support newly qualified midwives in gaining confidence and additional competencies during their preceptor-ship period. A further bid was also successful for two 'Return to Practice Facilitators' to support RTP midwives in placements and the consolidation of their skills following return to the register and employment.

Return to Practice programmes are available from two universities within South East Coast; the University of Brighton and University of Surrey. RTP midwives from any area within South East Coast can access these courses or the Distance Learning programme provided by the Royal College of Midwives.
The actual birth rate is already higher than either ONS or Department of Health’s prediction at this stage.

To confirm the midwifery staffing figures Birth-rate Plus was commissioned to undertake a further piece of work. All units within South East Coast had previously undertaken birth rate audit. This review looked to use Birth-rate Plus updated formulas and recalculate staffing levels using 2008/09 clinical activity in regard to model of care and dependency category of women. In July 2009, the updated data was shared with the Heads of Midwifery and Maternity Commissioners and Workforce leads. This showed that since 2007 there had been an increase of 250 funded maternity positions and this is reflected in the improved midwife to birth ratios. A workforce paper with more detail regarding the birth rate plus findings is planned for October 2009.

The ratios in eight Trusts have improved over the last year and seven Trusts have midwife to birth ratios of 1:35 which was the target for this year. It needs to be recognised that these are birth ratios. Geography also needs to be considered when looking at midwife to woman ratios. Some Trusts care for over 500 women during the antenatal and postnatal period but they then give birth in another Trust and this is not reflected in these numbers.

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<td>01:33</td>
<td>01:38</td>
<td>01:42</td>
<td>01:36</td>
</tr>
<tr>
<td>Ashford and St. Peter’s Hospital NHS Trust</td>
<td>01:50</td>
<td>01:41</td>
<td>01:35</td>
<td>01:44</td>
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<td>Frimley Park Hospital NHS Foundation Trust</td>
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<td>01:34</td>
<td>01:35</td>
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<tr>
<td>Royal Surrey County Hospital NHS Trust</td>
<td>01:49</td>
<td>01:42</td>
<td>01:39</td>
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<td>01:37</td>
<td>01:35</td>
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<tr>
<td>Surrey &amp; Sussex Healthcare NHS Trust</td>
<td>01:35</td>
<td>01:44</td>
<td>01:40</td>
<td>01:41</td>
<td>01:33</td>
<td>01:33</td>
</tr>
<tr>
<td>Brighton &amp; Sussex University Hospitals NHS Trust</td>
<td>01:42</td>
<td>01:36</td>
<td>01:33</td>
<td>01:34</td>
<td>01:40</td>
<td>01:36</td>
</tr>
<tr>
<td>East Sussex Hospitals NHS Trust</td>
<td>01:32</td>
<td>01:29</td>
<td>01:28</td>
<td>01:32</td>
<td>01:32</td>
<td>01:31</td>
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<tr>
<td>Royal West Sussex NHS Trust</td>
<td>01:28</td>
<td>01:31</td>
<td>01:31</td>
<td>01:34</td>
<td>01:37</td>
<td>01:38</td>
</tr>
<tr>
<td>Worthing &amp; Southlands Hospitals NHS Trust</td>
<td>01:35</td>
<td>01:37</td>
<td>01:33</td>
<td>01:37</td>
<td>01:38</td>
<td>01:40</td>
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<tr>
<td>Average</td>
<td>01:38</td>
<td>01:38</td>
<td>01:35</td>
<td>01:37</td>
<td>01:37</td>
<td>01:36</td>
</tr>
</tbody>
</table>

These figures are for funded posts and do not reflect long term sickness, maternity leave or vacancies.

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

The need to recruit midwives and employment guidance has meant that many more midwives are working part time. Trusts have to provide the same amount of training to a part time midwife so more resources are required to support that. Part time staff are often able to offer more flexibility in that, if able they will often work additional shifts to provide cover for sick/ maternity leave.
Head of Midwifery

2008/09 has seen some further changes to these posts. Two Heads of Midwifery have been promoted to Assistant Directors of Nursing.

The Head of Midwifery post at Medway Hospital NHS Foundation Trust has been made substantive. Currently there is still an Acting Head of Midwifery at East Kent Hospitals University NHS Foundation Trust.

Leadership development for senior midwives has been supported by NHS South East Coast. A business case was successful to secure 40 places for senior midwives to attend the 5 day Royal College of Midwives Leadership programme which consists of a two day development centre and three day strategic programme. This started in March 2009 and is due for completion at the end of September 2009.

Consultant Midwives

There are currently three Consultant Midwives working within NHS South East Coast;

East Kent Hospitals University NHS Foundation Trust 2 – focusing on promoting normality and public health
Maidstone & Tunbridge Wells NHS Trust 1 - focusing on promoting normality and public health

The Consultant Midwives have been supporting the development of services and midwives to increase normal births and address the public health issues. They have all been instrumental in supporting birth centres and the normalising birth agenda.

Self Employed Midwives

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

There are twenty-three self employed midwives whose main area of practice is within South East Coast which is a slight decrease from the previous year.

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

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

Ministers decided to amend legislation to ensure that all practising health care professionals should have compulsory indemnity cover. The date when this will be effective is yet to be determined.

The self employed midwives have been asked for information regarding number of births for the LSA annual report as these are births that occur within NHS South East Coast. The LSA Midwifery Officers’ Forum UK has received this response;
“The Independent Midwives UK Board feels that the use of statistics from individual midwives would be highly misleading, due to the small numbers involved, and that no meaningful statistical analysis could be obtained from such data.

However, Independent Midwives UK collects a comprehensive dataset as a requirement of membership and, to assist the LSAs with compiling a more helpful picture of our members’ practice, we would like to propose that we submit an annual summary of a mutually agreed selection of our national statistics to the LSA Midwifery Officers. This would be available at the end of the current year for the previous year - (29.8.09)

Maternity Support Workers

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

The training of more Maternity Support Workers continues. The training programmes have been developed to ensure a full record of training and competence was recorded. This included signatures for when the competency was gained. At all times the Maternity Support Workers report their findings to midwives. Several of the programmes have facilitated the Maternity Support Workers (MSW’s) to undertake the National Vocation Qualifications (NVQ) at level 2 and 3. Following the programmes, several Maternity Support Workers have been interviewed and accepted to undertake their midwifery training at local universities.

The MSW’s have a key role to play and they are now fully accepted as part of the team and are very valuable in the continued improvement of maternity services.
11. Details of the number of complaints regarding the discharge of the Supervisory function.


There were no complaints against the LSA, but there was one appeal by a midwife regarding her supervised practice programme. The appeal investigation was undertaken by an external team to NHS South East Coast to ensure impartiality - LSA Midwifery Officer supported by two experienced Supervisor of Midwives. Time line;

30\textsuperscript{th} June 2008 Appeal was received
18\textsuperscript{th} July 2008 Advised of external LSA Midwifery Officer leading appeal advised of investigation date
1\textsuperscript{st} August 2008 Investigation meetings with Supervisors, midwife unable to attend
September 2008 LSA appeal team met with midwife
6\textsuperscript{th} January 2009 Appeal reports received by Director
15\textsuperscript{th} January 2009 Reports and letters sent to Midwife and Supervisors of Midwives
20\textsuperscript{th} January 2009 Action plan agreed with Supervisors of Midwives – progress to be reviewed at LSA Audit planned for autumn 2009.

There were learning areas for the Supervisors of Midwives. Some of these are local, some have been addressed through the supervised practice audit being undertaken in 2009/2010 and some areas have been discussed at the LSA Midwifery Officers’ Forum (UK).

The recommendation for the midwife was to undertake a further 150 hours of supervised practice even though she had already completed in excess of the recommended 450 hours. When the report and recommendations were received, the NMC were already facilitating this although the LSA to date have not received any formal notification.

The timings up to the first investigation meeting were acceptable. The first delay was due to the midwife not being available for the initial investigation which was confirmed at short notice. Over the holiday period it was not possible for the team to reconvene. The external team found the investigation very complex and, due to the extended time of the supervised practice programme and the quantity of documentation to be reviewed. This resulted in the final report being received over six months later.
12. Reports on all local supervising authority investigations undertaken during the year.

There were fifty eight Supervisory investigations conducted in 2008-9 by Supervisors of Midwives. The LSA Midwifery Officer was involved in four investigations which all led to suspension and five supervised practice programmes which have needed additional support from the LSA Midwifery Officer.

The LSA Midwifery Officer reviews all Supervisory investigation reports and considers the recommendation made. If the recommendation is supervised practice the competencies are then considered and benchmarked against the evidence provided.

Following a supervisory investigation, supervisors of midwives are able to make one of our recommendations to the LSA:

- No further action.
- Development Support (clear aims and objectives with a timescale set)
- Supervised Practice – a defined, assessed programme of academic and practice based learning. The midwife works in a supernumerary capacity, supported by clinical mentors with a timescale set.
- Suspension from midwifery practice

During the year 2008-9 nine midwives have undertaken a period of supervised practice, compared to thirteen in 2007-8. Development support was recommended in thirteen cases in 2008-9 which was then conducted by the Supervisors of Midwives locally. This compares to ten development support programmes in 2007-8. Other local support was put in place if required following investigation.

Two midwives were dismissed from their organisation; however the Supervisory investigation recommended a period of supervised practice. The LSA facilitated the finding of practice placements to enable the supervised practice to be undertaken. This was a challenging process for two reasons

- Issues relating to contracts and funding
- Facilitation and support by Supervisors in a new organisation for a supervised practice programme.

Outcomes of Supervised Practice

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2007-8</th>
<th>2008-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Suspended</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Ongoing</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
The graph above demonstrates the outcomes of supervised practice recorded in the year the programme commenced.

Emerging themes

Charts
The bar chart clearly demonstrates the areas of practice highlighted as deficient by Supervisory investigation and the competency to be completed in a supervised practice programme.

Competencies

The main competencies are identified and linked to the breaches of Nursing and Midwifery Council ‘The Code’ (2008) and Nursing and Midwifery Council ‘Midwives rules and standards’ (2004) in the table below.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Record keeping</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Labour care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional behaviour</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing and Midwifery Council The Code (2008) Page 1 As a professional, you are professionally accountable for actions and omissions in your practice and must always justify your decisions Nursing and</td>
<td>46%</td>
<td>77%</td>
</tr>
</tbody>
</table>
Although record keeping has improved, related issues remain high. Midwives’ care of women in labour has dramatically improved, reducing the need for this to be a clinical learning objective.

Issues relating to professional behaviour, accountability and communication are the major concerns identified during 2008-9. Interestingly cardiotocograph interpretation and drug administration remain similar in both years.

Areas of concern regarding clinical practice are discussed at LSA audit visits and LSA meetings with Supervisors of Midwives. The LSA Annual Report is presented at the Contact Supervisors meetings so that all content and themes are discussed and they are sent a copy of the Annual Report electronically for local dissemination. All Contacts Supervisors are also asked to take issues back to local meetings. Serious system failures may be shared with the LSA Midwifery Officers UK Forum to ensure national learning takes place.

The South East Coast Template for Supervised Practice has been in operation since 2005. It was updated in light of ‘Standards for Supervised Practice’ (NMC October 2007). An audit commenced in January 2009 to review all supervised practice programmes which used the template.

**Plan for audit**

**Auditors**

An audit team was selected consisting of the LSA Programme Midwife, a Link Supervisor of Midwives, two experienced Supervisors of Midwives who have been directly involved in supervised practice programmes using the template and the Local Supervising Midwifery Officer for advice.

**Overview**

Review the current process of supervised practice since the introduction of the template, ensuring that the recommendations of the appeal against the process of a supervised practice programme are integrated into the action plan.

The aims are:

- To improve the experience for the supervisees undertaking the programme
- To ensure equity of programmes
- To provide a robust structured approach which will support Supervisors of Midwives
- To review the process of documentation
- To ensure programme meets NMC Standards of Supervised Practice (2007)
- Review academic component of the programmes

**Methodology**

This will be achieved by involving the following stakeholders:

- Supervisees
- Supervisors of Midwives
- Educational supporters
• LSA Midwifery Officer
• Heads of Midwifery
• Royal College of Midwives (RCM)

There will be a qualitative component reviewing data relating to issues such as time scales but the major component will be quantitative.

• Questionnaires were sent to the following stakeholders: June 2009
  Supervisees
  Supervisors of Midwives
  Educational supporters
• Follow up interviews were offered if indicated by the stakeholder or auditors
• Amendment of guidance and documentation
• Focus group to consider main themes October 2009

Membership of focus group

• LSA Midwifery Officer
• Senior Supervisors of Midwives from Surrey, Sussex and Kent.
• Auditors
• Link Supervisors of Midwives
• Two Supervisees
• RCM representation

➢ Amendment of guidance and documentation if necessary October 2009

Consultation process

• LSA Midwifery Officer
• Contact Supervisors
• Heads of Midwifery
• Supervisees
• NMC
• SHA

➢ Introduction and dissemination November 2009
➢ Training for Supervisors of Midwives at a local level
➢ Publish findings
➢ Share Nationally

Participants

• Thirty-three midwives who had undertaken a supervised practice since the introduction of the template
• All Supervisors of Midwives who were involved in the investigation process
• All Supervisors involved in facilitating the programme
• All Supervisors who supported midwives
• Educational supporters
• LSA Midwifery Officer
• RCM
• Heads of Midwifery

The findings and recommendations of the audit will be included in next year’s annual report as well as the amended supervised practice template.
The LSA database has been further developed to record development and supervised practice programmes, enabling easier trend analysis in the future.

**LSA Suspension from Midwifery Practice**

Four midwives were suspended in 2008-9 and referred to the Nursing & Midwifery Council with regards to their Fitness to Practice. Reasons for referral:

1. Failure to complete supervised practice programme
2. Failure to complete supervised practice programme
3. Failure to complete supervised practice programme
4. Previously completed a supervised practice programme and then another incident occurred.

In 2007-8, there were three suspensions from midwifery practice.

In 2008-9 there were five referrals to the NMC by women compared to two in 2007-8

Ten cases are currently being considered by the NMC Fitness to Practice, one case was closed in 2008-9 with the majority of the charges admitted or found but no sanctions given. Two midwives were cleared of all allegations following referral by a woman.

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

There was one appeal against the process of a supervised practice programme. The recommendations and learning have been integrated into the supervised practice audit to ensure that the recommendations are met. See section 11 for details.
13. Conclusion

This has been a busy year which has seen the profile of maternity services raised. The increase in clinical activity and clinical dependency / complexity continues to be a challenge. Supervisors of Midwives are successfully supporting midwives and women.

A further increase in the birth rate has been seen, demonstrating an upward trend of 10.5% over the last five years. The predictions are for the birth rate to continue rising by at least 1% a year for the next three years.

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

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

This next five years will see some further challenges and opportunities for Supervisors of Midwives as the maternity and newborn pathway (Healthier people, excellent care vision) develops.

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

Sue Webb Director Clinical & Workforce -14/9/09
Candy Morris Chief Executive – 14/9/09
Christine McKenzie, Head of Midwifery, Nursing and Midwifery Council 30th September 2009

NHS South East Coast Board Meeting 23rd September 2009

By 30/10/09;

Director of Public Health
Medical Director
PCT CEs
NHS / Foundation Trust CEs
Directors of Nursing
Heads of Midwifery
Link Supervisors of Midwives
Contact Supervisors of Midwives
Lead Midwives for Education
Chairs Maternity Services Liaison Committees
Maternity Commissioning Leads PCTs
LSA Website
Workforce Development
Maternity and Newborn Pathway Board
Maternity and Newborn Network
14. Appendices

1. Contact details: Chief Executive, Clinical Director Clinical & Workforce and LSA Midwifery Officer
2. Programmes of LSA Conferences
3. LSA Risk Profile
Appendix 1

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>Candy Morris</td>
<td>York House</td>
<td>01293 778808</td>
<td><a href="mailto:candy.morris@southeastcoast.nhs.uk">candy.morris@southeastcoast.nhs.uk</a></td>
</tr>
<tr>
<td>Director of Clinical &amp; Workforce Development/Regional Nurse</td>
<td>Sue Webb</td>
<td>York House</td>
<td>01293 777030</td>
<td><a href="mailto:sue.webb@southeastcoast.nhs.uk">sue.webb@southeastcoast.nhs.uk</a></td>
</tr>
<tr>
<td>LSA Midwifery Officer</td>
<td>Helen O'Dell</td>
<td>York House</td>
<td>01293 847008</td>
<td><a href="mailto:helen.odell@nhs.net">helen.odell@nhs.net</a></td>
</tr>
</tbody>
</table>
SUPERVISOR OF MIDWIVES
ROOT CAUSE ANALYSIS TRAINING DAY

Tuesday, 10th June 2008
9.00am - 4.30pm
Boardroom 2
Preston Hall, Maidstone, Kent

Presented by
Alison Prizeman
Patient Safety Manager NPSA/NHS South East Coast

“Designed specifically for key stakeholders who provide maternity services”

Local Supervisory Authority
2008 Conference
For
Supervisors of Midwives
Monday 3rd November, 2008
9.00am-4.00pm
Rowfant House,
Wallage Lane,
Rowfant, Crawley,
RH10 4NG

Hosted by:
Mrs Helen O’Dell
Consultant Local Supervisory Authority Midwifery Officer

“Celebrating and Sharing Best Practice“

Guest Speakers to Include:

Sally Burton, Southampton University, Supervisor of Midwives - ‘Six Hats of Supervision’

Please respond to claire.scott@southeastcoast.nhs.uk or Helen.odell@nhs.net by 24th October, 2008. Booked places will be confirmed by email.

Lunch & Light refreshments provided (please notify us of any dietary requirements).
### AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.30</td>
<td>Registration and refreshments</td>
<td></td>
</tr>
<tr>
<td>09.45</td>
<td>Welcome and Introductions</td>
<td>Helen O’Dell</td>
</tr>
<tr>
<td>10.00</td>
<td>Pregnancy in Prison</td>
<td>Jane Pickett, Theresa Spink, Helen Pratt</td>
</tr>
<tr>
<td>10.30</td>
<td>Homebirth Challenges</td>
<td>Anne Woodroffe, Mo Cleland</td>
</tr>
<tr>
<td>11.00</td>
<td>Coffee Break</td>
<td></td>
</tr>
<tr>
<td>11.30</td>
<td>LSA Guidelines</td>
<td>Helen O’Dell</td>
</tr>
<tr>
<td>11.45</td>
<td>Six Hats of Supervision</td>
<td>Sally Burton</td>
</tr>
<tr>
<td>12.15</td>
<td>Questions &amp; Answers</td>
<td>Helen O’Dell</td>
</tr>
<tr>
<td>12.30</td>
<td>Buffet Lunch with poster presentation and</td>
<td>Sue Eve</td>
</tr>
<tr>
<td></td>
<td>discussion with maternity matters facilitators</td>
<td>Stephanie Mansell</td>
</tr>
<tr>
<td>13.45</td>
<td>Sainsbury’s – You’re off your Trolley</td>
<td></td>
</tr>
<tr>
<td>14.15</td>
<td>Birth Centres and Supervision</td>
<td></td>
</tr>
<tr>
<td>14.45</td>
<td>Coffee Break</td>
<td></td>
</tr>
<tr>
<td>15.00</td>
<td>Update on the Supervised Practice Template</td>
<td>Melvyn Dunstall</td>
</tr>
<tr>
<td>15.30</td>
<td>Supervision &amp; Change</td>
<td>Sarah Gregson, Jackie &amp; Hilary</td>
</tr>
<tr>
<td>15.45</td>
<td>Biological Nurturing</td>
<td>Sarah Gregson</td>
</tr>
<tr>
<td>16.00</td>
<td>Q&amp;A</td>
<td>Helen O’Dell</td>
</tr>
<tr>
<td>16.10</td>
<td>Evaluation</td>
<td>Helen O’Dell</td>
</tr>
<tr>
<td>16.15</td>
<td>Finish</td>
<td>Helen O’Dell</td>
</tr>
</tbody>
</table>
SUPERVISOR OF MIDWIVES
ROOT CAUSE ANALYSIS TRAINING DAY
Monday, 8th December 2008
9.30am - 4.30pm
St. John’s Ambulance Rooms, Horley
Presented by
Alison Prizeman
Patient Safety Manager NPSA/NHS South East Coast

“Designed specifically for key stakeholders who provide maternity services”
### LSA Profile

<table>
<thead>
<tr>
<th>LSA</th>
<th>South East Coast</th>
<th>Chief Executive</th>
<th>Candy Morris</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSA Midwifery Officer</td>
<td>Helen O’Dell</td>
<td><strong>Contact details of LSAMO</strong></td>
<td>helen.o’<a href="mailto:dell@southeastcoast.nhs.uk">dell@southeastcoast.nhs.uk</a> 01293 789 428</td>
</tr>
</tbody>
</table>

### Numbers of Supervisors of Midwives, appointments, resignations and removals

<table>
<thead>
<tr>
<th>Description</th>
<th>LSA Annual Report</th>
<th>Elements of Supervisory framework unachievable or unsustainable due to lack of Supervisors.</th>
<th>3</th>
<th>4</th>
<th>12 AMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor of Midwives/MW ratio above 1:20 within individual services or across the LSA.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evidence of Developing Trends affecting midwifery practice in the local supervising authority

<table>
<thead>
<tr>
<th>Description</th>
<th>LSA Annual Report</th>
<th>Possibility that complaints process is not in place or is not robust</th>
<th>3</th>
<th>5</th>
<th>15 AMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>No description of complaints process or number of complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Score: 27

Date of assessment meeting

Recommendations following assessment meeting

Reasons for review to be undertaken

Date for proposed review

Review complete

Report of review published on NMC website

Action plan received from NMC

Action plan implementation date

Follow on actions

Comments
## Recommendations for LSAs - NMC Safety Supervision and Support 2008

<table>
<thead>
<tr>
<th>Recommendations for LSA’s</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LSAs should have a robust planning and recruitment strategy to ensure that there are enough Supervisors of Midwives to meeting requirements and enhance safety and support for women and babies using maternity services.</td>
<td>Recommended ratio is 1:15. All Supervisors receive remuneration. Can be restrictive as Trust only wants to pay for 1:15. With number of trainees currently completing the course 2009/10 all should reach at least 1:15.</td>
</tr>
<tr>
<td>2. LSAs should audit response times from Supervisors of Midwives to requests for advice from midwives in challenging situations.</td>
<td>All units have 24/7 on call. Never been reported that there has been any difficulty. LSA Audit midwife will audit in practice year 2009/10.</td>
</tr>
<tr>
<td>3. LSAs should provide details of action taken and evidence of progress in response to risks communicated to them by the NMC.</td>
<td>Supervisor Of Midwives ratio – see number 1. No description of complaints – full description of complaints in LSA Annual Report 2008/09.</td>
</tr>
<tr>
<td>4. LSAs should feed back to Higher Education Institutions, education commissioners and the NMC any concerns related to the clinical learning environment for student midwives.</td>
<td>Meet with Lead Midwives for Education every 3 months at network. Regular communication with education commissioners and workforce (based in same office) Would feedback to Midwifery Advisors at NMC if there were any concerns.</td>
</tr>
<tr>
<td>5. LSAs should monitor and report any concerns about the competency of newly qualified midwives to the NMC.</td>
<td>Meet with LSA Midwifery Officer / NMC every 3 months. Clinical Practice educators in local units to support newly qualified midwives.</td>
</tr>
<tr>
<td>6. LSAs should explore collaborative working with other organisations that have safety remit, such as the National Patient Safety Agency.</td>
<td>Undertaking review with CEMACH. LSA Midwifery Officers’ Forum UK meet with NPSA, HCC (CQC), and Kings Fund</td>
</tr>
</tbody>
</table>
| 7. LSAs should develop and report on action plans in response to any trend that impacts adversely on:  
  - The safety of women and babies using maternity services  
  - The ability of midwives to provide safe, quality care to women during the antenatal, intrapartum and postnatal periods.  
  - The ability of midwives to mentor student midwives to ensure competent applicants to the Register | CEMACH - learning from conference  
Audit of Supervised Practice  
Meet with Lead Midwives for Education meet every 3 months |
| 8. LSAs should move to an electronic method of storing supervision related data that uses a standard data set agreed by the LSA UK Forum. | Using LSA database  
LSA office files supervision investigation reports. |
| 9. LSAs should explore working with organisations that have a safety remit, such as the NPSA in order to address the concerns raised in relation to poor practice | Same as 6. |
### Appendix 5

**Gap analysis for LSA Standards – Midwives rules and standards (NMC 2004)**

<table>
<thead>
<tr>
<th>Rule No.</th>
<th>Rule Description</th>
<th>Met</th>
<th>Partially Met</th>
<th>Not Met</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Notifications by Local Supervising Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Publish annually the name and address of the person to whom the notice must be sent</td>
<td>√</td>
<td></td>
<td></td>
<td>Letter to all Supervisor of Midwives January 2008</td>
</tr>
<tr>
<td></td>
<td>* Publish annually the date by which it must receive intention to practise forms from midwives in its area</td>
<td>√</td>
<td></td>
<td></td>
<td>Letter to all Supervisor of Midwives January 2008</td>
</tr>
<tr>
<td></td>
<td>* Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year</td>
<td>√</td>
<td></td>
<td></td>
<td>ITPs successfully uploaded via LSA database</td>
</tr>
<tr>
<td></td>
<td>* Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month</td>
<td>√</td>
<td></td>
<td></td>
<td>Weekly uplift via LSA database</td>
</tr>
<tr>
<td>5</td>
<td>Suspension from Practice by a Local Supervising Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife’s impaired fitness to practise, a local supervising authority will:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Publish how it will investigate any alleged impairment of a midwife’s fitness to practise</td>
<td>√</td>
<td></td>
<td></td>
<td>National guideline L - <a href="http://www.midwife.org.uk">www.midwife.org.uk</a></td>
</tr>
<tr>
<td></td>
<td>* Publish how it will determine whether or not to suspend a midwife from practice</td>
<td>√</td>
<td></td>
<td></td>
<td>National guideline L - <a href="http://www.midwife.org.uk">www.midwife.org.uk</a></td>
</tr>
<tr>
<td></td>
<td>* Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority</td>
<td>√</td>
<td></td>
<td></td>
<td>National guideline L - <a href="http://www.midwife.org.uk">www.midwife.org.uk</a></td>
</tr>
<tr>
<td></td>
<td>* Publish the process for appeal against any decision</td>
<td>√</td>
<td></td>
<td></td>
<td>National guideline L - <a href="http://www.midwife.org.uk">www.midwife.org.uk</a></td>
</tr>
</tbody>
</table>
### Records

To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:

| * | Publish local procedures for the transfer of midwifery records from self-employed midwives | ✓ | National guideline B - www.midwife.org.uk |
| * | Agree local systems to ensure Supervisors of Midwives maintain records of their Supervisory activity | ✓ | National guideline B - www.midwife.org.uk |
| * | Ensure Supervisors of Midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years | ✓ | National guideline B - www.midwife.org.uk |
| * | Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years | ✓ | National guideline B - www.midwife.org.uk |
| * | Publish local procedures for retention and transfer of records relating to statutory supervision | ✓ | National guideline B - www.midwife.org.uk |

### Eligibility for Appointment as a Supervisor of Midwives

In order to ensure that Supervisors of Midwives meet the requirements of Rule 11 a local supervising authority will:

| * | Publish their policy for the appointment of any new Supervisor of Midwives in their area | ✓ | National guideline C - www.midwife.org.uk |
| * | 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 | ✓ | LSA Conferences June, November & December 2008/09 |

### The Supervision of Midwives

To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a Supervisor of Midwives is accessible at all times a local supervising authority will:

| * | Publish the local mechanism for confirming any midwife’s eligibility to practise | ✓ | National guideline J - www.midwife.org.uk |
| * | Implement the NMC’s rules and standards for supervision of midwives | ✓ | LSA Audit, Supervision investigations, annual reviews |
| * | Ensure that the Supervisor of Midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15) | ✓ | Action plan in place to meet ratio |
To ensure a communications network, which facilitates ease of contact and the distribution of information between all Supervisors of Midwives and other local supervising authorities, a local supervising authority will:

| * Set up systems to facilitate communication links between and across local supervising authority boundaries | ✓ | Various methods; meetings x 7 a year, email, telephone |
| * Enable timely distribution of information to all Supervisors of Midwives | ✓ | Email / meeting |
| * Provide a direct communication link, which may be electronic, between each Supervisor of Midwives and the local supervising authority midwifery officer | ✓ | All Supervisor of Midwives have email and contact details. |
| * Provide for the local supervising authority midwifery officer to have regular meetings with Supervisors of Midwives to give support and agree strategies for developing key areas of practice | ✓ | 7 x supervision meetings a year, LSA Audits |

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 | ✓ | LSA Annual Audit / Annual Report |
| * Promote woman-centred, evidenced-based midwifery practice | ✓ | LSA Annual Audit / Annual Report |
| * Ensure that Supervisors of Midwives maintain accurate data and records of all their Supervisory activities and meetings with the midwives they supervise | ✓ | LSA Annual Audit / Annual Report |

A local supervising authority shall set standards for Supervisors of Midwives that incorporate the following broad principles:

| * Supervisors of Midwives are available to offer guidance and support to women accessing maternity services | ✓ | LSA Annual Audit / Trust Supervision Annual Report |
| * Supervisors of Midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice | ✓ | LSA Annual Audit |
| * Supervisors of Midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives | ✓ | LSA Annual Audit |
| * Supervisors of Midwives provide professional leadership | ✓ | LSA Annual Audit |
| * Supervisors of Midwives are approachable and accessible to midwives to support them in their practice | ✓ | LSA Annual Audit |
### 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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer</td>
<td>Director Clinical &amp; Workforce NHS South East Coast</td>
</tr>
<tr>
<td>Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process</td>
<td>Director Clinical &amp; Workforce NHS South East Coast</td>
</tr>
<tr>
<td>Manage the performance of the appointed local supervising authority midwifery officer</td>
<td>Director Clinical &amp; Workforce NHS South East Coast</td>
</tr>
<tr>
<td>Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory Supervisory function</td>
<td>Full time Administrative support</td>
</tr>
<tr>
<td>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</td>
<td>All LSA Audits completed</td>
</tr>
</tbody>
</table>

### Publication of Local Supervising Authority Procedures

To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents</td>
<td>SUI policy</td>
</tr>
<tr>
<td>Publish the investigative procedure</td>
<td>LSA Annual Report. National Guideline L</td>
</tr>
<tr>
<td>Liaise with key stakeholders to enhance clinical governance systems</td>
<td>HCC, NPSA, NMC, RCM, SHA, Trusts, PCTs, Kings Fund, NHS LA</td>
</tr>
</tbody>
</table>

To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer of Supervisor of Midwives, the local supervising authority will:

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or Supervisor of Midwives</td>
<td>National Guideline G</td>
</tr>
<tr>
<td>Publish the process for removing a local supervising authority midwifery officer or Supervisor of Midwives from appointment</td>
<td>National Guideline D</td>
</tr>
<tr>
<td>Publish the process for appeal against the decision to remove</td>
<td>National Guideline D</td>
</tr>
<tr>
<td>Ensure that a local supervising authority midwifery officer or Supervisor of Midwives in informed of the outcome of any local supervising authority</td>
<td>National Guideline D</td>
</tr>
<tr>
<td>Investigation of poor performance, following its completion</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>* Consult the NMC for advice and guidance in such matters</td>
<td>√</td>
</tr>
</tbody>
</table>

### 16 Annual Report

Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 30th of September of each year. Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:

- Numbers of Supervisor of Midwives appointments, resignations and removals  
  - LSA Annual Report
- Details of how midwives are provided with continuous access to a Supervisor of Midwives  
  - LSA Annual Report
- Details of how the practice of midwifery is supervised  
  - LSA Annual Report
- Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits  
  - LSA Annual Report
- Evidence of engagement with higher education institutions in relation to Supervisory input into midwifery education  
  - LSA Annual Report
- Details of any new policies related to the supervision of midwives  
  - LSA Annual Report
- Evidence of developing trends affecting midwifery practice in the local supervising authority  
  - LSA Annual Report
- Details of the number of complaints regarding the discharge of the Supervisory function  
  - LSA Annual Report
- Reports on all local supervising authority investigations undertaken during the year  
  - LSA Annual Report