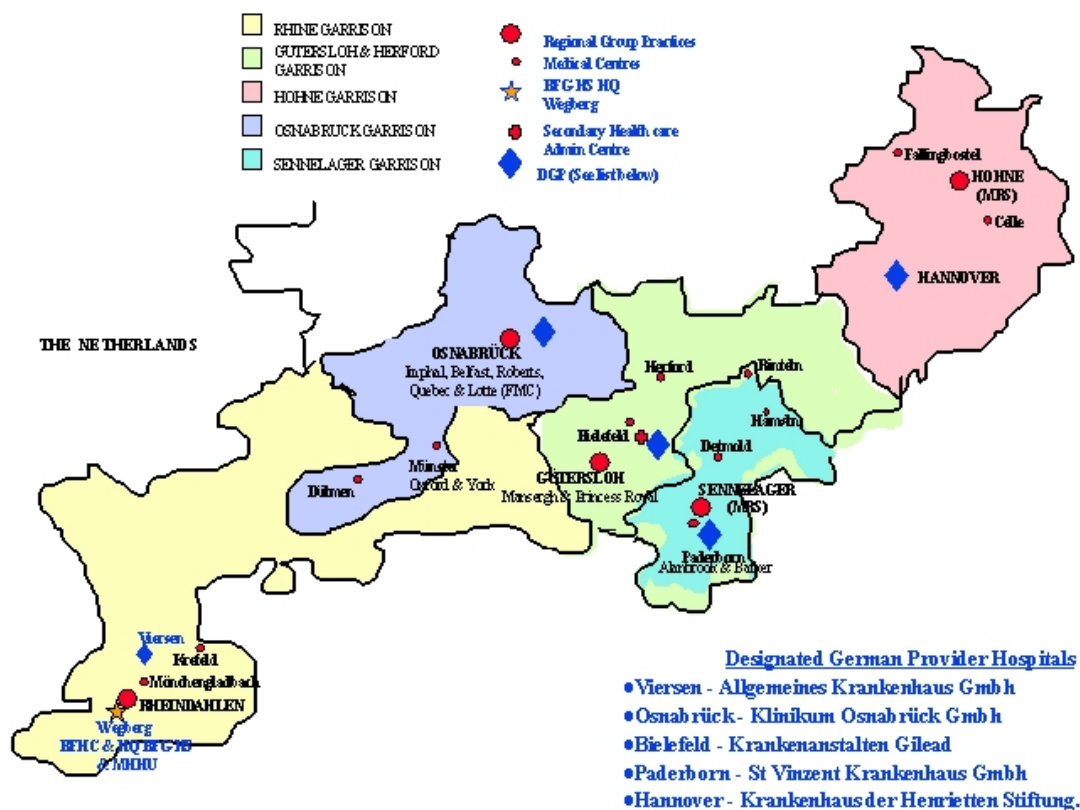


LOCATIONS OF MOD BASES

British Forces Germany

BFG HEALTH SERVICE REGIONAL GROUP PRACTICES & GARRISONS

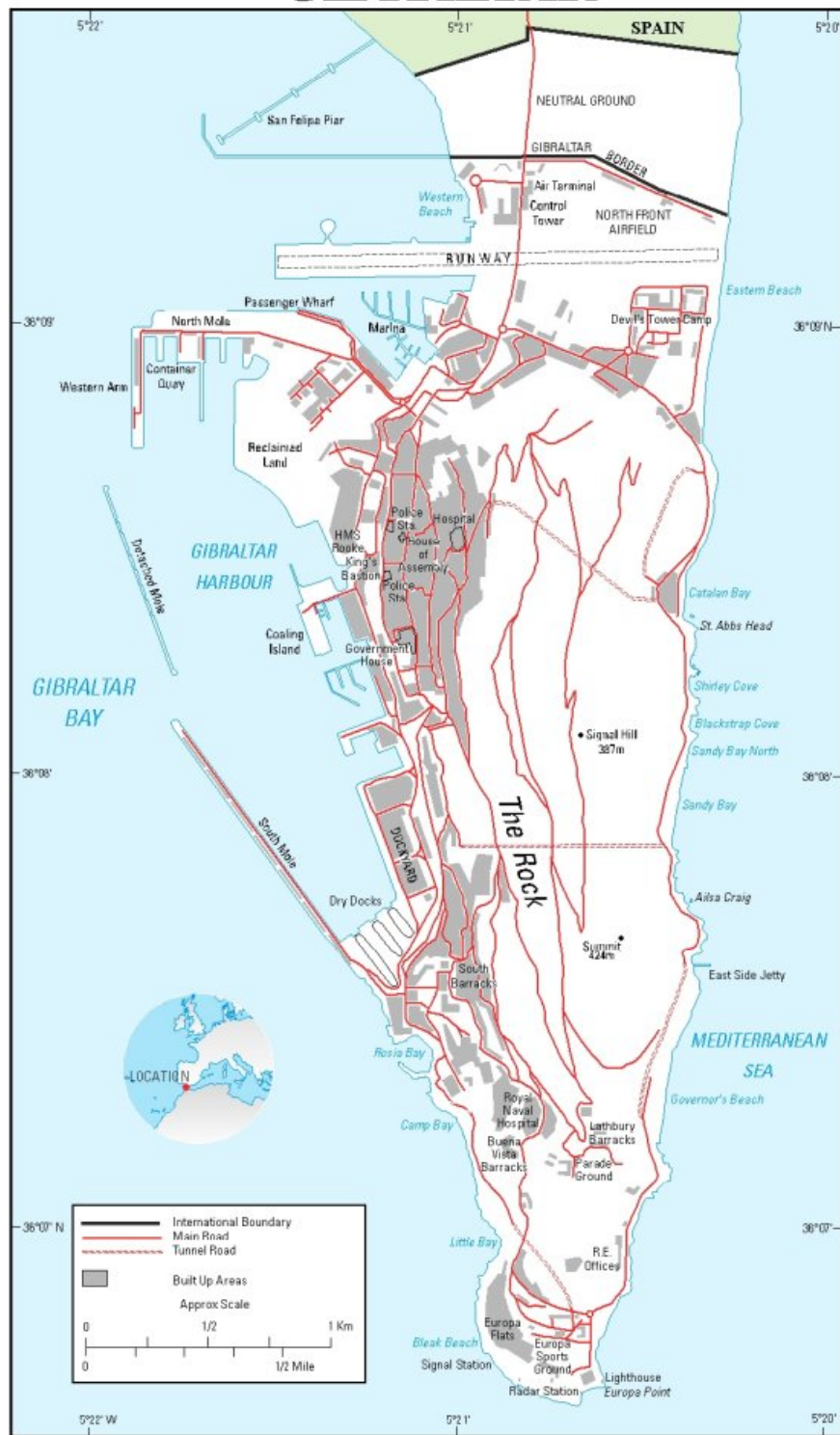


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Cyprus



Appendix 2 Standards for Supervision of Midwives

Standard 1 - Women Focused Maternity Services

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

Criteria

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

Standard 2 - Supervisory Systems

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

Criteria

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

Standard 3 - Leadership

Supervisors of Midwives provide professional leadership and nurture potential leaders.

Criteria

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

Standard 4 - Equity of Access to Statutory Supervision of Midwives

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

Criteria

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

Standard 5 - Midwifery Practice

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

Criteria

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

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

Appendix 3

Standards of Supervision and Audit Process

Introduction

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

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

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

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

The Aims of the Audit

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

Audit Process

Introduction

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

The Audit Process

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

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

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

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

Audit Visit

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

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

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

Midwives Audit

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

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

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

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

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

Supervisors Audit

It is important that all supervisors complete the audit form

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

Self Audit Tool

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

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

Audit Visit

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

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

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

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

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

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

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

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

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

Appendix 4 LSA Guidelines – Contents Pages for Each Guideline Section

Section 1 – Statutory Supervision of Midwives

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

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

Section 2 – Standards of Supervision and Audit Process

2.1 Introduction.....	6
2.2 The Aims of the Audit	7
2.3 Audit Process	7
2.4 After the Audit Visit.....	9
2.5 Audit visit programme for single site visit	Error! Bookmark not defined.
2.6 Audit visit programme for Multi-site visit	Error! Bookmark not defined.
2.7 Standards for Supervision of Midwives	3
Standard 1 - Women Focused Maternity Services	3
Standard 2 - Supervisory Systems	4
Standard 3 - Leadership	4
Standard 4 - Equity of Access to Statutory Supervision of Midwives.....	5
Standard 5 - Midwifery Practice.....	5
2.7.1 Guidance for Evidence criteria.....	Error! Bookmark not defined.
2.8 Questionnaires	Error! Bookmark not defined.
2.8.1 Audit of Supervision of Midwives: Questionnaire for midwives	Error! Bookmark not defined.
2.8.2 Supervisory Audit Visit – Supervisors Confidential Questionnaire	Error! Bookmark not defined.

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

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

Section 3 – Guidance Documents

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

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

Section 4 – Guidance Documents for Unusual or Rare Events

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

Section 5 – Poor Performance and Allegations of Professional Misconduct

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

Appendix 5 Contact details of Chief Executive and LSA Midwifery Officer

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

APPENDIX 7

HIGHER EDUCATION INSTITUTES UNDERTAKING
MIDWIFERY TRAINING / RETURN TO PRACTICE

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

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

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

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

The Early and Late Neonatal Deaths information is not complete

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

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

The Early and Late Neonatal Deaths information is not complete

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

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

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

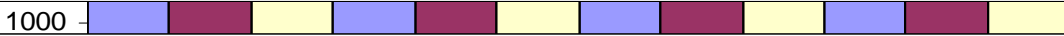
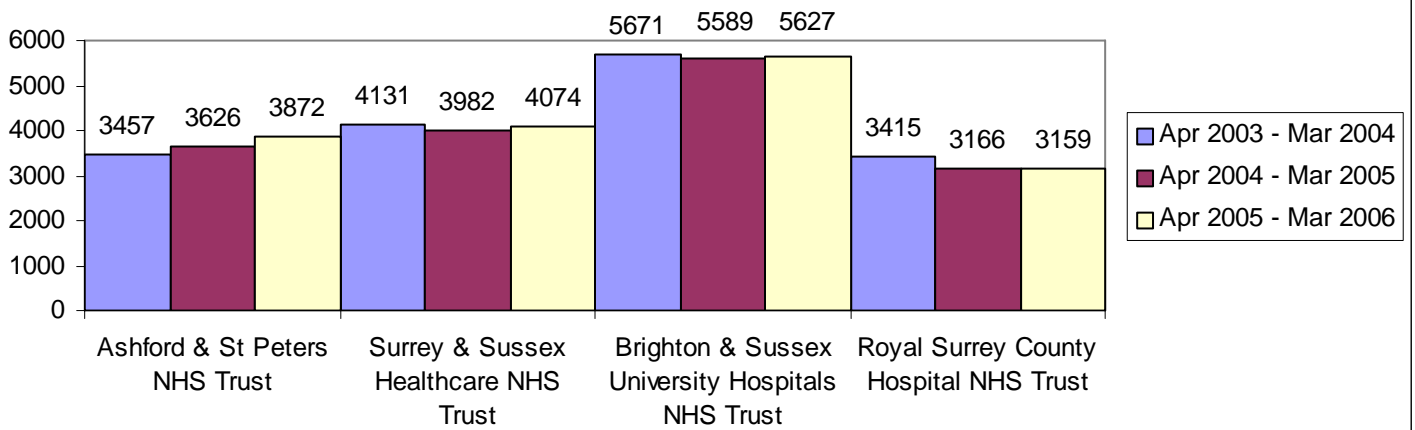
Trust Name	Gave Birth Under 18 Years Old	Initiating Breast Feeding	Breast Feeding On Discharge to the Health Visitor	Smoker at Time of Delivery	Planned Inductions	Accelerated Labours	Planned Caesarean Sections	Emergency Caesarean Sections
Ashford & St Peter's Hospital NHS Trust		75.23%	56.06%		19.21%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

 = Data not received

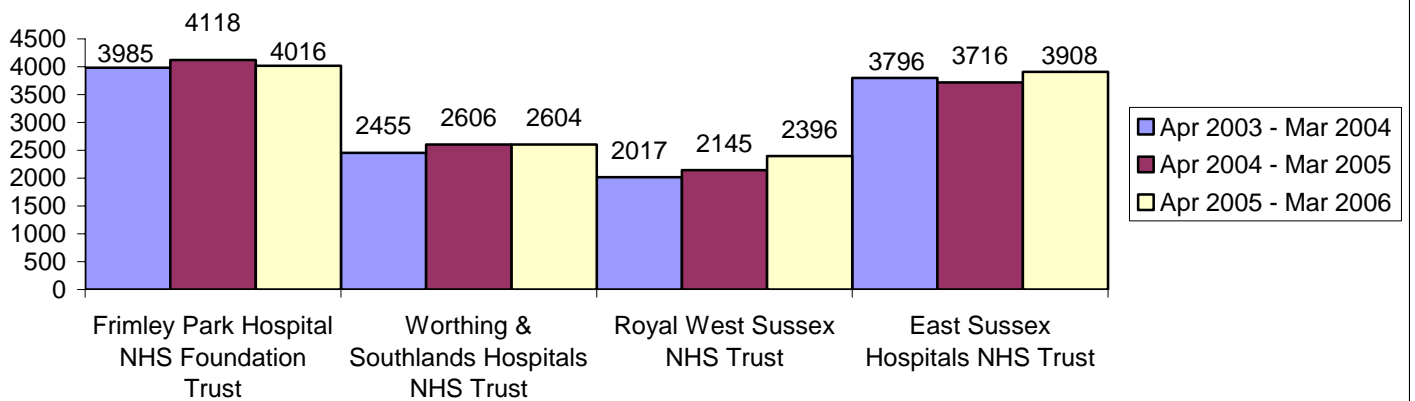
**TWO YEAR DELIVERY TRENDS, SURREY & SUSSEX AND KENT & MEDWAY
APPENDIX 9**

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

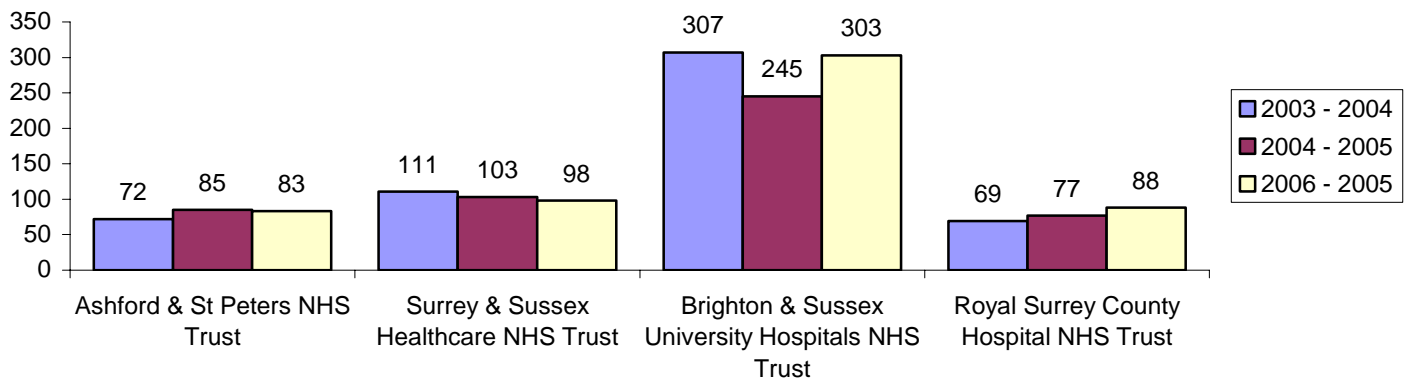
Total Births Surrey & Sussex by Trust



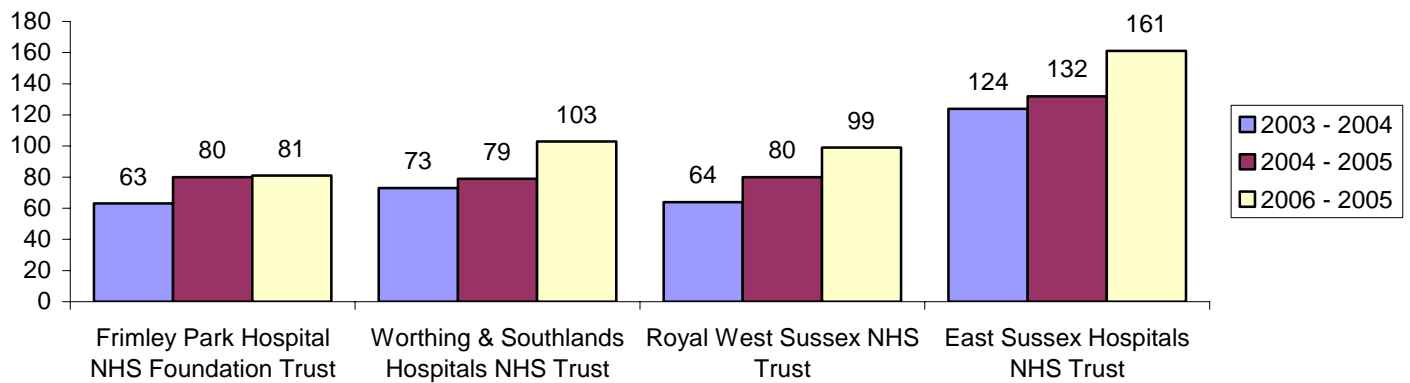
Total Births Surrey & Sussex by Trust



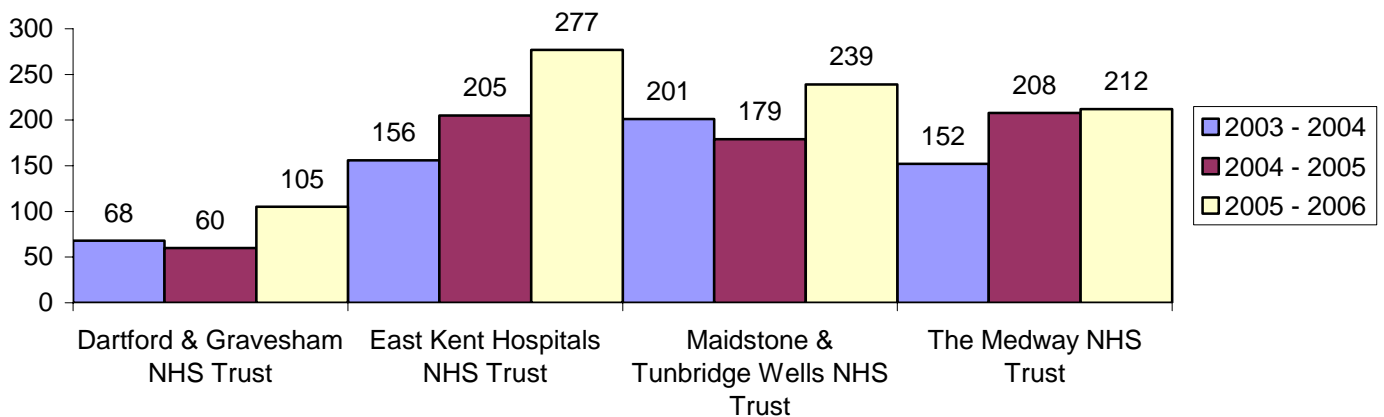
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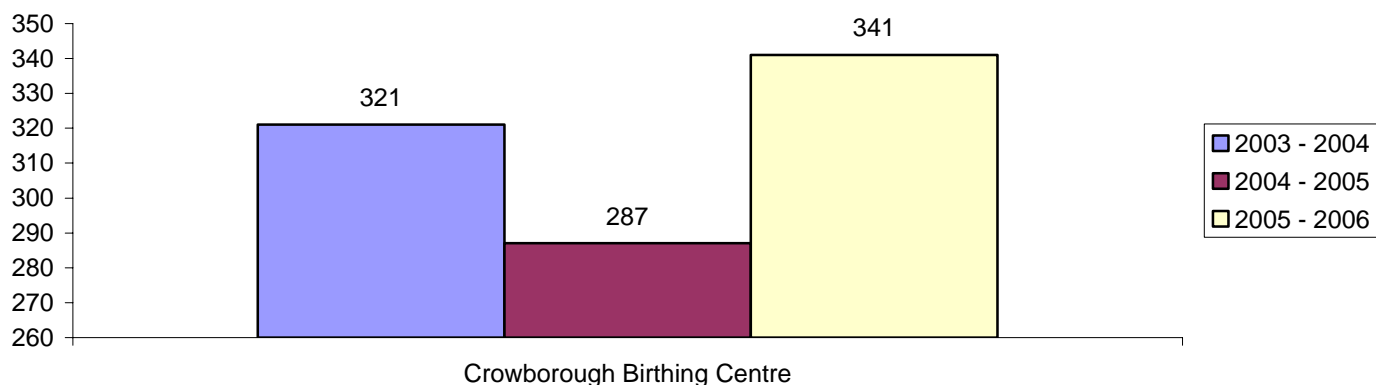
Total Home Births Surrey & Sussex by Trust



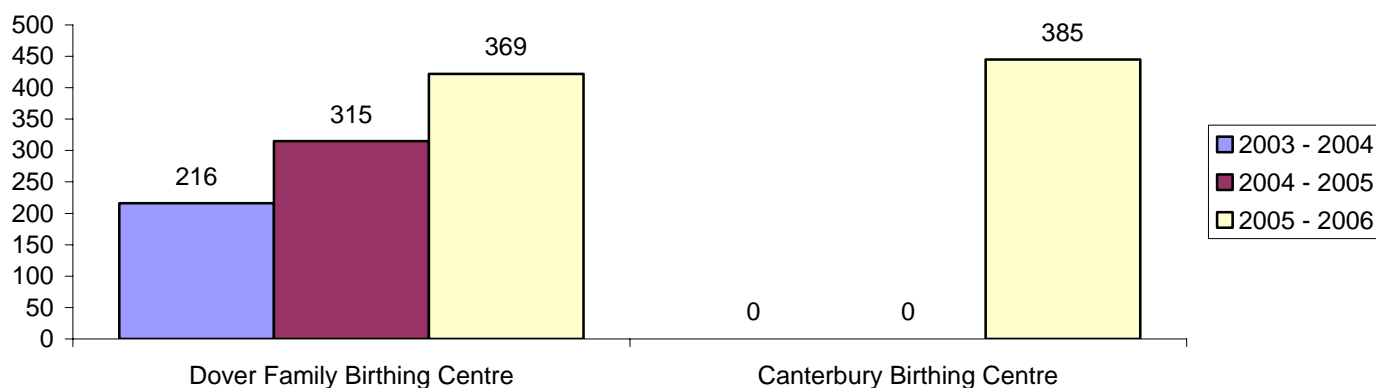
Total Home Births Kent & Medway by Trust



Total Birthing Centre Births Surrey & Sussex



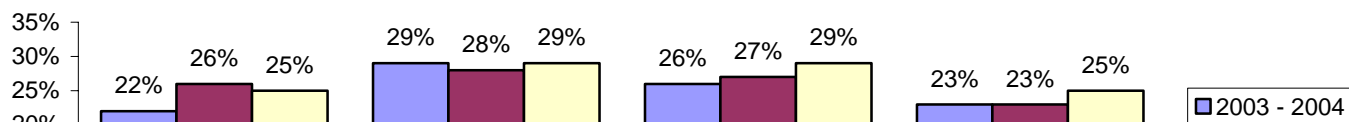
Total Birthing Centre Births Kent & Medway



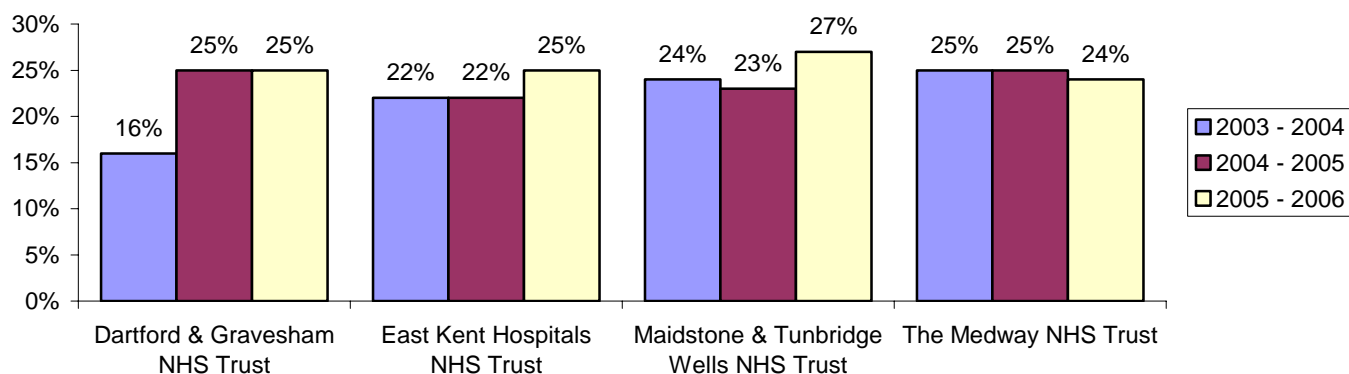
APPENDIX 10

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

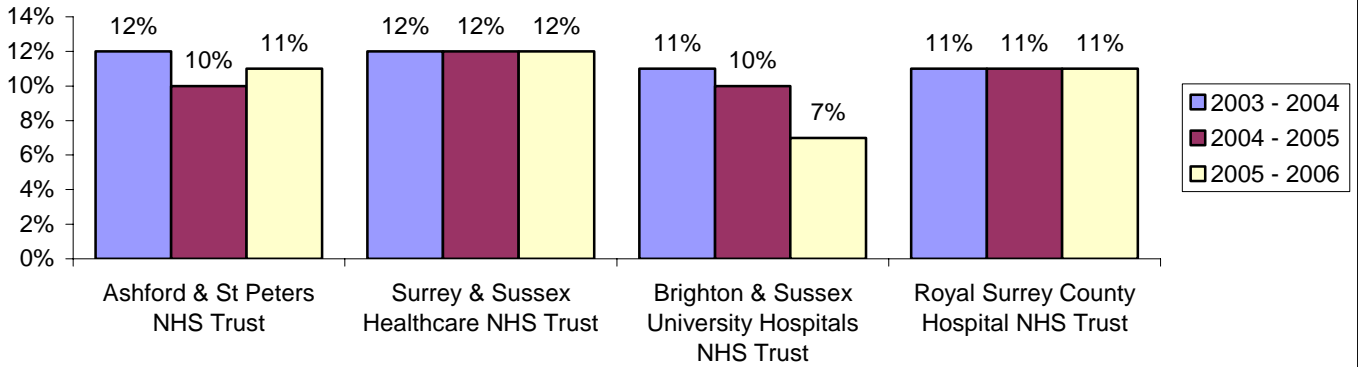
Total Caesarean Section for Surrey & Sussex by Trust



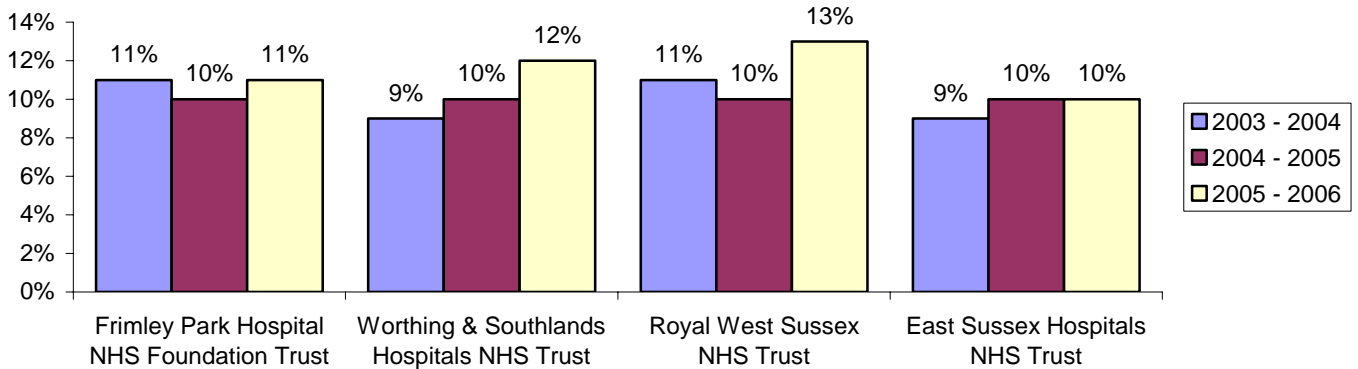
Total Caesarean Section for Kent & Medway by Trust



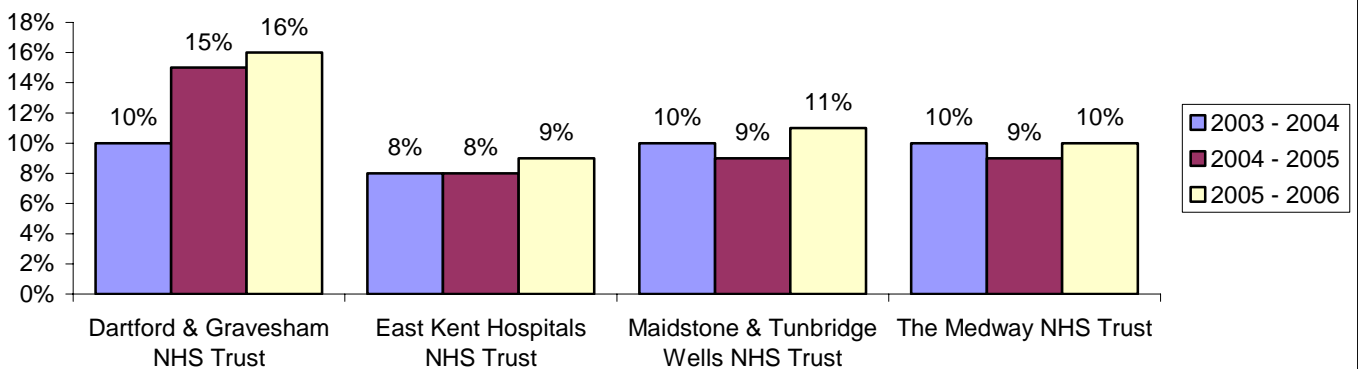
Elective Caesarean Section for Surrey & Sussex by Trust



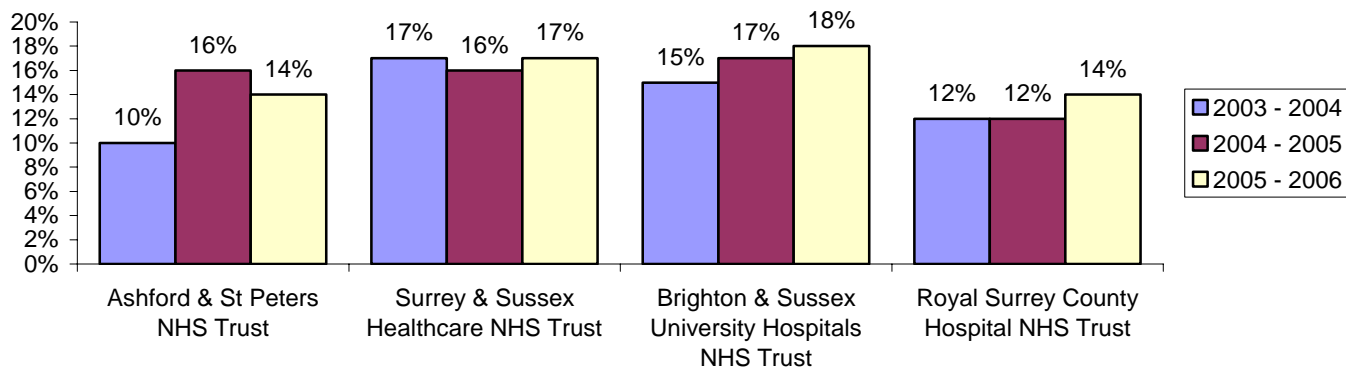
Elective Caesarean Section for Surrey & Sussex by Trust



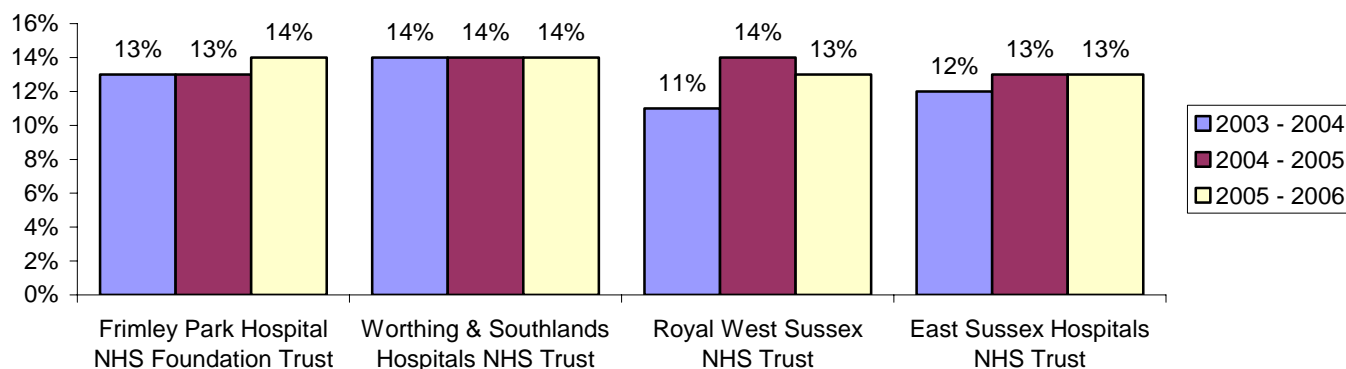
Elective Caesarean Section for Kent & Medway by Trust



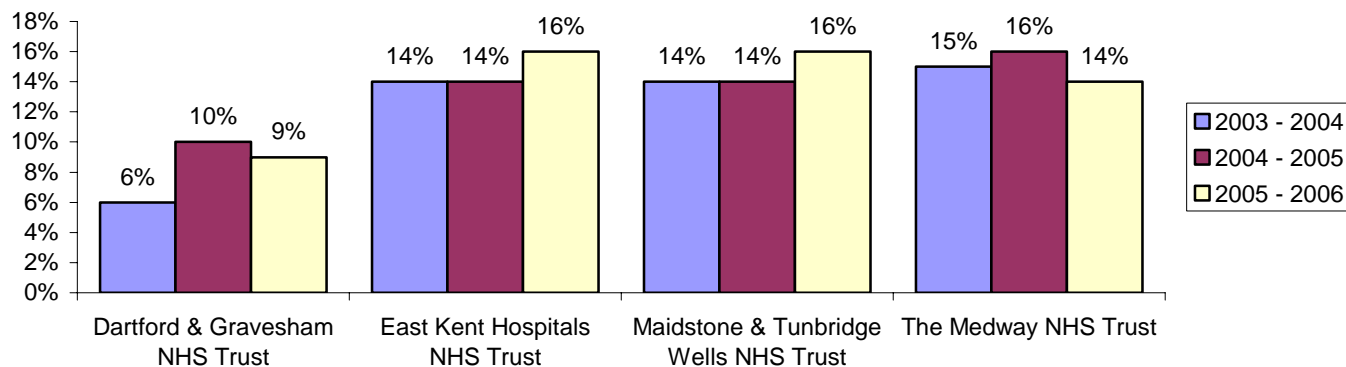
Emergency Caesarean Section for Surrey & Sussex by Trust



Emergency Caesarean Section for Surrey & Sussex by Trust



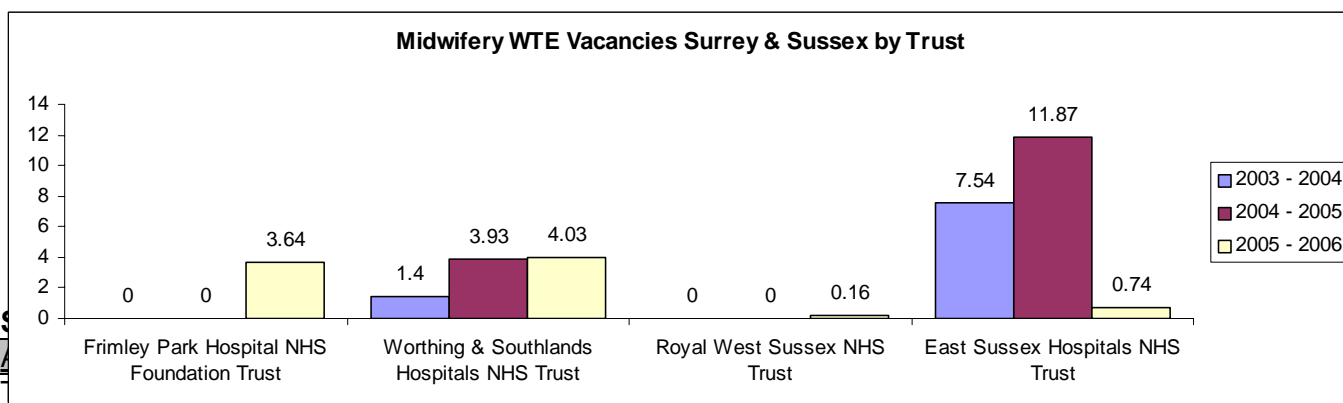
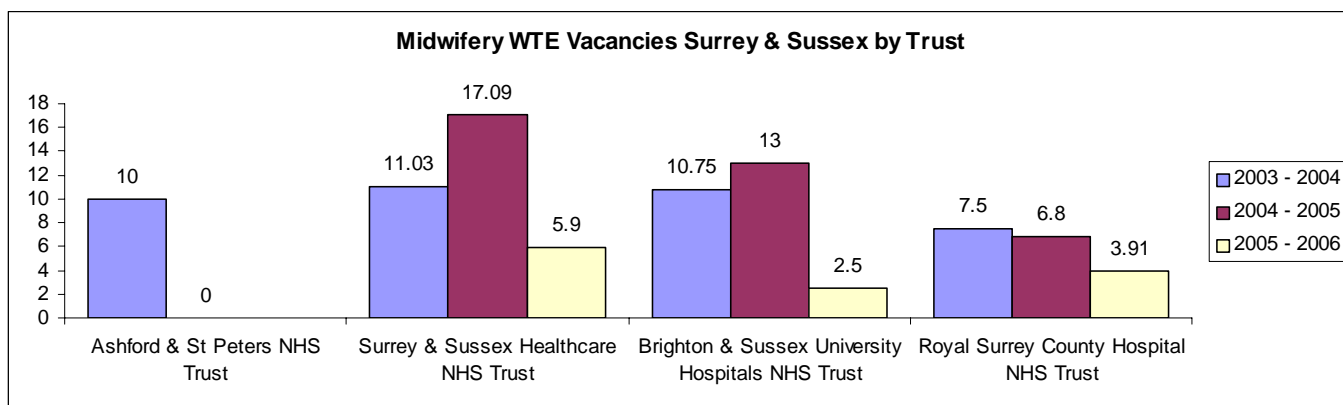
Emergency Caesarean Section for Kent & Medway by Trust



VACANCY FACTOR SURREY & SUSSEX AND KENT & MEDWAY

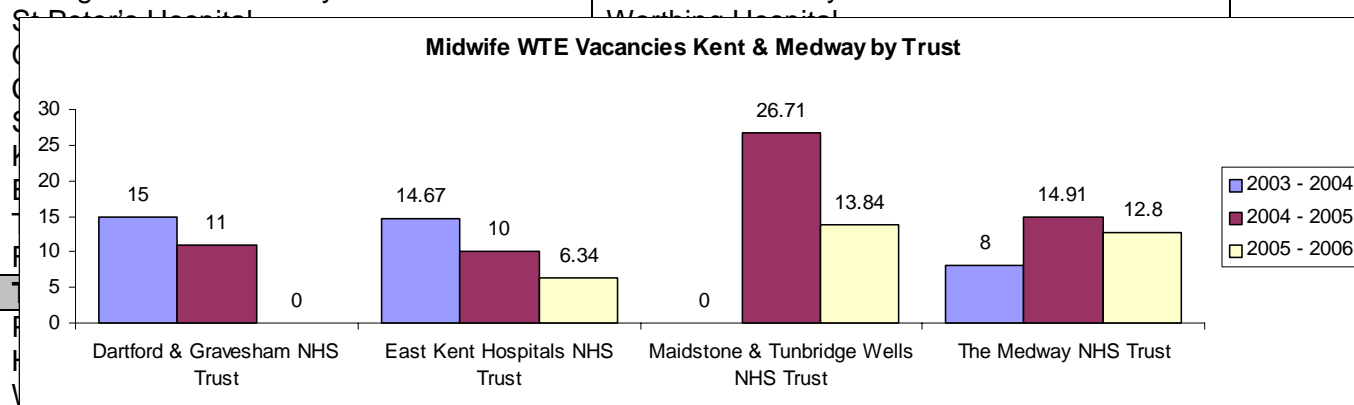
APPENDIX 11

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



Acting Head of Midwifery Services

Head of Midwifery



<p>St Richard's Hospital Spitalfield Lane, Chichester West Sussex PO19 4SE E-mail: pat.mooney@rws-tr.nhs.uk Tel: 01243 788122 Ext: 2807 Fax: 01243 531269</p>	<p>Egerton Road Surrey GU2 7XX E-mail: jenny.hughes@royalsurrey.nhs.uk Tel: 01483 406725 Fax: 01483 564584</p> <p style="text-align: right;">Guildford</p>
Frimley Park Hospital NHS Trust	Surrey and Sussex Healthcare NHS Trust
<p>Adrienne Price Head of Midwifery Frimley Park Hospital Portsmouth Road Frimley Camberley Surrey GU16 5UJ E-mail: Adrienne.price@fph-tr.nhs.uk Tel: 01276 604210 Fax: 01276 604156</p>	<p>Sue Chapman Head of Midwifery East Surrey Hospital Canada Avenue Redhill Surrey RH1 5RH E-mail: sue.chapman@sash.nhs.uk Tel: 01737 768 511 Ext 6820 Sec 6819 Fax: 01737 231727</p>
East Sussex NHS Trust	Brighton & Sussex University NHS Trust
<p>Debra Young Head of Midwifery Conquest Hospital The Ridge, St Leonard's on Sea East Sussex TN37 7RD E-mail: Debra.Young@esht.nhs.uk Tel: 01424 755 255 Fax: 01424 758 098</p>	<p>Carol Drummond Head of Midwifery The Royal Sussex County Hospital Eastern Road Brighton East Sussex BN2 5BE E-mail: Carol.Drummond@bsuh.nhs.uk Tel: 01273 696955 ext 4375 Fax: 01273 664795</p>
<p>Maternity Department Eastbourne District General Hospital Kings Drive, Eastbourne East Sussex BN21 2UD Tel: 01323 435812 Fax: 01323 413759</p>	<p>Maternity Department Princess Royal Hospital Directorate of Women & Children's Services The Princess Royal Hospital Lewes Road, Haywards Heath West Sussex RH16 4EX Tel: 01444 441881 Ext 4007 Fax: 01444 415865</p>

Kent & Medway Strategic Health Authority

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

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

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

Appendix 15

LSA Guidelines - Contents Pages for each Guideline Section

Section 1 – Statutory Supervision of Midwives

Contents

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

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

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

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

Section 2 – Standards of Supervision and Audit Process

Contents

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

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

Section 3 – Guidance Documents

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

Contents

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

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

Complementary/alternative therapists
Doula

3.10 Supervision and practice nurses

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

Section 4 – Guidance documents for unusual or rare events

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

Section 5 – Poor performance and allegations of professional misconduct

	Pages
5.1 Inadequate/poor professional practice	1

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