



WEST OF SCOTLAND

ANNUAL REPORT TO THE NURSING AND MIDWIFERY COUNCIL

1 APRIL 2008- 31 MARCH 2009

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West of Scotland Local Supervising Authorities

Executive Summary

The Local Supervising Authority (LSA) is responsible for ensuring that the statutory supervision of all midwives and midwifery practice is carried out to a satisfactory standard for all midwives working within its geographical boundaries.

The principle function of the LSA is to ensure the safety of the public through the effective supervision of midwifery practice and this is achieved through the promotion of best practice, preventing poor practice and intervening in unacceptable practice (NMC 2006).

There are four Local Supervising Authorities in the West of Scotland and in Scotland the NHS Board acts as the Local Supervising Authority. There are four NHS Boards in the West of Scotland, NHS Board Ayrshire and Arran, NHS Board Dumfries and Galloway, NHS Board Greater Glasgow and Clyde, and NHS Board Lanarkshire therefore there are four LSAs Ayrshire and Arran (A&A), Dumfries and Galloway (D&G), Greater Glasgow and Clyde (GGC) and Lanarkshire (L). In the West of Scotland each Chief Executive requires a report for the LSA which they are responsible. This enables them to have assurances that statutory supervision of midwifery practice is effective within its geographical boundaries. The report for each LSA is situated at the end of the appendices and provides details on how the standards for supervision are met within its geographical boundary (Appendix 8). The Chief Executive signs for the report for the LSA they are responsible for alongside the LSAMO.

This report is the third annual report for the West of Scotland; it provides details on the progress made in achieving a strategic and consistent approach for statutory supervision of midwifery practice across the West of Scotland. It describes the achievement of targets identified in previous annual reports to the NMC, and in reducing risks identified in the NMC Framework risk register. The report follows the guidance set out by the Nursing and Midwifery Council (NMC) Guidance for LSA Annual report submission to the NMC for the practice year 1 April 2008-31 March 2009.

Key achievements for this reporting year

- Steady progress in ensuring a strategic direction for supervisors of midwives across the West of Scotland
- Working collaboratively with the LSAMO Forum UK to ensure consistency in approach for statutory supervision of midwifery practise
- Adoption of the LSAMO Forum UK guidance for supervisors of midwives
- LSAMO working in conjunction with the University of the West of Scotland to develop processes to support supervisors of midwives in their role

- Worked collaboratively with LSAMO East of England and established work shops for supervisors of midwives on conducting supervisory investigations
- Supervisors of midwives are undertaking supervisory investigations and making recommendations to promote safe practice
- Cycle of LSA audit embedded in practice across the West of Scotland
- Continuing to increase the profile of statutory supervision of midwifery practice
- Steady progress in recruiting midwives to become supervisors of midwives
- Steady progress in recruiting service users to be involved in the LSA audit process

This report will be made available on the NMC website www.nmc-uk.org and also the West of Scotland web site www.midwiferysupervision-woslsa.scot.nhs.uk .

Joy Payne
LSAMO
WOS
September 2009

West of Scotland Local Supervising Authorities

1. INTRODUCTION

This report covers the reporting year for the West of Scotland from the 1 April 2008-31 March 2009 and has been produced to meet the requirements of Rule 16 of the NMC (2004) Midwives rules and standards and Articles 42 and 43 of the Nursing & Midwifery Order 2001 which requires that the practice of midwives is supervised to a satisfactory standard. The purpose of the statutory supervision of midwives is to protect the public and to support and promote good midwifery practice. Each LSA is responsible for ensuring the standard of statutory supervision of midwifery practice.

1.1 The NMC (2009) report Supervision, support and safety reinforces the function of LSAs that are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through the mechanism of statutory supervision of midwifery practice. The pivotal role that the LSA plays in clinical governance is also reinforced as LSA must ensure that the standards for the supervision of midwives and midwifery practice meet the requirements set by the NMC.

1.2 There are four LSAs in the West of Scotland and the LSA sits in the NHS Board. The Chief Executive Officer of each NHS Board is responsible for the function of the LSA. The LSAMO puts the responsibilities of the LSA into practice. Each Chief executive in the West of Scotland requires an annual report for the LSA they are responsible for to enable them to have assurances that statutory supervision of midwifery practice meets NMC requirements and where it does not that action plans have been put in place. A report for each LSA is therefore included in the appendices. and provides the information required by the NMC as set out in the NMC 01/2009 circular Guidance for Local Supervising Authorities annual report submission to the Nursing and Midwifery Council for practice year 1 April 2008-31 March 2009 for the individual LSA. Each report has been signed by the Chief Executive and the LSAMO.

1.3 The Chief Executives and LSAMO details are as follows

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- 1.4** This report demonstrates how the standards are met across the West of Scotland and details the activities undertaken to meet these standards. It will also identify any actions taken to meet new or outstanding recommendations.
- 1.5** The NMC have implemented a risk scoring framework to determine the risk within LSAs against the 54 NMC standards (Appendix 1). The NMC gave a risk score of 129 to the West of Scotland in the practice year 2006-2007. Last year 2007-2008 the risk score reduced significantly to 12 (Appendix 2). This reduction has been due to the implementation of a strategic approach for the statutory supervision of midwifery practice across the West of Scotland in accordance with the strategic direction developed by the LSAMO Forum UK. This approach aims to ensure the provision of a consistent approach to the supervision of midwifery practice and the safety of women and babies.
- 1.6** *The strategic direction has been achieved through the implementation of:*
- The LSAMO being a member of the LSAMO Forum UK and adoption of LSAMO Forum UK Guidance

- A West of Scotland Link Supervisors of Midwives forum
- A consistent approach to undertaking a LSA audit across the West of Scotland
- Adoption of LSAMO Forum UK guidance for supervisors of midwives in February 2009
- West of Scotland Guidance for supervisors of midwives on reporting and monitoring serious untoward incidents to ensure consistency in reporting incidents to the LSA
- Achieving any challenges identified in the annual reports to the NMC

1.7 The challenges identified in last year's annual report and subsequent action points are as follow:-

Continue reducing risks identified by the NMC risk scoring framework

Action: Significant progress has been made as the risk score has been reduced from 129 to 12. It is hoped that this lower risk status will be sustained in subsequent years.

Continue raising the profile of supervision of midwifery practice

Action: Supervisors of midwives are committed to raising the profile of supervision in each LSA, examples are through meetings, and one LSA conducts awareness raising sessions, posters and promotion of the activities of supervisors including the annual review. This work will be ongoing. The profile has also been raised through the LSA audit cycle.

Maintain the recruitment and retention strategy

Action: Active recruitment has taken place where the ratio has been above 1:15. This has met with some success and steady progress is being made in achieving the required ratio.

Continue to engage with service users

Action: Supervisors of midwives encourage service users to participate in activities and this includes involving service users in the LSA audit process. Focus groups are held with service users during the LSA audit and in most areas a service user is part of the audit team. However sustaining this engagement can be challenging and work will remain ongoing to encourage participation and engagement across the region.

Ensure West of Scotland LSAs website is live

Action: The West of Scotland web site became live in July 2009 and can be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk

Ensure the framework of supervision of midwifery practice is proactive and supports midwives in their roles

Action: An LSA audit is carried out annually this contributes to raising the profile of supervision. It identifies where standards are met to ensure that the framework of supervision is proactive, where standards

are not met or partially, these are identified either in the West of Scotland Action plan or an individual action plan within the relevant LSA. Supervisors of midwives are also undertaking supervisory investigations when there is a serious incident that involves practice issues. Supervisors of midwives make recommendations for the individual following the investigation and also make appropriate recommendations for midwives such as programmes of developmental support or supervised practice and also identify any system failures.

Continue developing evidence to meet the standards for supervision

Action: Each LSA continues to develop evidence to meet the standards and through networking across the region good practice is shared to further promote best practice. The LSA audit team reviews any evidence and makes recommendations for practice on an annual basis

2.0 Each Local Supervising Authority will ensure their report is made available to the public

This report will be distributed to

- The Nursing and Midwifery Council
- Each Supervisor of Midwives
- Each LSA /NHS Board
- Maternity Liaison Service Committees
- Clinical Governance Committees
- Any member of the public on request
- The public via the West of Scotland LSAs website
- Lead Midwives for Midwifery Education
- Heads of Midwifery
- Directors of Nursing
- Scottish Government Health Directorate

Hard copies of the report will also be made available and circulated on request

3.0 Numbers of Supervisor of Midwives Appointments and Referrals

- 3.1** There were 116 supervisors of midwives in the West of Scotland on 31 March 2009 with 1778 midwives notifying their intention to practise. Currently at the time of the report 1857 intention to practise forms have been submitted to the LSA office. On 31 March 2009 this gave an average ratio of 1:15 supervisor of midwives to midwives across the West of Scotland. Last year the ratio was 1:16. The NMC identified this as a risk as the ratio of supervisor to midwives is deemed as a risk. A risk score of 12 was given to the West of Scotland in relation to this risk. Three alert letters were issued by the NMC based on this risk factor.

Active recruitment has taken place over the last two years and there were ten new appointments on 31 March 2009. There were a further eleven new appointments in July 2009. In addition two supervisors of midwives were reappointed in June 2009. This gives an average ratio of 1:14 across the West of Scotland at the time of writing this report.

Following a recruitment drive in February and March of this year twelve midwives are due to commence the preparation programme in September 2009.

3.2 Four supervisors of midwives have resigned due to retirement or needing more time to concentrate on their substantive post.

Four supervisors of midwives have requested a leave of absence. The reasons given for this are,

- requiring time out from their role to concentrate on their substantive post during organisational change
- to develop a new role
- maternity leave

No supervisors of midwives have been suspended or removed from their role with in the practice year.

3.3 There have been a number of appointments during this year which has reduced the ratio overall to 1:14. Two of the NHS Boards wish to maintain a ratio of 1:9 and this is in place in one LSA and will be achieved by September 2010 in the other. It is anticipated that the other two LSAs will be able to maintain a ratio of 1:15 by this time.

3.4 The NMC risk register has been applied to table 1 shown below which demonstrates the trends as at 1st April 2009. Table 2 and 3 demonstrate previous year's trends whilst table 4 depicts possible future trends.

Table 1 2008-2009

LSA	Number of SOM's	Number of M/WS	Appointments	Resignations	Leave of Absence	Ratio of SOM:MW
A&A	16	300	0	0	2	1:19
D&G	6	128	0	0	0	1:21
GGC	57	1013	8	3	1	1:17
L	37	337	2	1	1	1:9
Total	116	1778	10	4	4	1:15

Key to Risk Severity

Risk Green=Low Yellow=Moderate Red=High

Table 1 displays the overall ratio for the WoS as at 1st April 2009

Table 2 2007-2008

LSA	Number of SOM's	Number of M/WS	Appointments	Resignations	Leave of Absence	Ratio of SOM:MW
A&A	16	310	2	0	2	1:19
D&G	6	128	0	1	0	1:21
GGC	53	1013	3	3	1	1:19
L	38	337	11	1	0	1:9

Total	113	1788	16	5	3	1:16
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Key to Risk Severity

Risk **Green=Low** **Yellow=Moderate** **Red=High**

Table 2 displays the overall ratio for WoS for the practice year 2007-2008

Table 3 2006-2007

LSA	Number of SUPERVISORS OF MIDWIVES	Appointments	Resignations	Leave of Absence	Ratio SOM:MW
A&A	16	3	1	0	1:18
D&G	7	0	3	0	1:18.4
GGC	54	1	4	0	1:15.5
L	27	1	4	0	1:15
Total	104	5	12	0	

Key to Risk Severity

Risk **Green=Low** **Yellow=Moderate** **Red=High**

Table 3 displays the overall ratio for WoS for the practice year 2006-2007

Table 4 Current status and projected status

Number of midwives September 2009	Number of SOMS as at July 2009	Ratio September 2009	Number of Student SOMS commencing preparation programme September 2009	Projected ratio With no leavers September 2010
1857	129	1:14	12	1:13

Key to Risk Severity

Risk **Green=Low** **Yellow=Moderate** **Red=High**

Table 4 displays current status at time of report and projected future status

3.5 With the inception of the new preparation programme for supervisors of midwives in the West of Scotland recruitment now takes place in February to March for the September intake and interviews take place in May. The same process would take place if there would be enough candidates for a February intake. Advertisements are circulated throughout the West of Scotland and where recruitment has been difficult or there is a high ratio of midwife to supervisor, awareness raising sessions or road shows have been held by the supervisors of midwives or the LSAMO. This has contributed to both raising the profile of supervision in the unit and an increase in midwives coming forward to undertake the preparation programme for the past two years.

3.6 The LSAMO Forum UK guidance is used in the recruitment process and it has been reported by a number of supervisors that midwives feel more confident to apply to become supervisors when they have been nominated by their peers to become a supervisor of midwives. The Head of Midwifery in one LSA supports midwives in attending LSA functions and encourages midwives to shadow supervisors of midwives

in an effort to improve recruitment. Advertisements continue to be circulated outlining the skills midwives require to undertake the role of supervisor of midwives and it must be noted that these combined strategies are giving a measure of success as midwives are coming forward to undertake the preparation programme leading to appointment to the role of supervisor of midwives.

- 3.7** One of the LSAs where it is proving difficult to recruit supervisors is in the process of a major service redesign. One of the maternity units is closing and services are transferring to two other sites. It is anticipated that once this has taken place that active recruitment strategies will prove more successful and these will commence early next year.
- 3.8** Currently the supervisors of midwives within the units are maintaining their commitment to supervision of midwifery practice and achieving the NMC requirements. The LSA audits have identified that supervisors of midwives regularly cite lack of time as a challenge to undertaking their role, and midwives also cite this as reason why they would not undertake the role. Managers across the region have specified that time is allocated for supervision and when they have difficulties taking time supervisors of midwives should record this and speak with their line manager.
- 3.9** When supervisors of midwives identify challenges they are expected to agree actions at a local level and seek the support of the LSAMO if required. All issues are discussed in local meetings and also at the West of Scotland link supervisor of midwives forum, where ideas are shared and strategies developed.

4.0 *Details of how midwives are provided with continuous access to a supervisor of midwives*

- 4.1** All midwives have a named supervisor of midwives; midwives are either allocated a supervisor of midwives or are given a choice. If they are allocated a supervisor of midwives they are advised they can request a specific supervisor of midwives or request a change of supervisor of midwives. In some cases if the preferred supervisors of midwives case load is too full the midwife may have to have a second or third choice. This was evidenced in the audit process and by speaking to midwives during the LSA audits. In one LSA where there is a high ratio of supervisor to midwife it has not been possible to give a choice, but this will change following the appointment of four supervisors in this LSA which will reduce the ratio from 1:21 to 1:11.
- 4.2** All midwives whatever their employment status has access to a supervisor of midwives on a 24 hour basis through a published 24 hour on call rota. There are a small number of midwives who are self employed who practice across the region and they regularly meet with a supervisor of midwives. In one of the units the supervisors of midwives do not have a full on call rota but have made arrangements

for supervisors of midwives to be called out of hours via the switch board. Midwives in this unit could identify how to call a supervisor of midwives. No problems were identified by the staff in the LSA audit. This will be audited in the next years audit process.

- 4.3** One LSA also had a 24 hour on call rota for supervision but it was known as the team leader rota. This has now been re-titled to ensure a clear distinction between supervision and management. The midwives in this area identified in the LSA audit that they did not feel comfortable changing their supervisor of midwives in case their supervisor of midwives was offended so the supervisors have developed a process to support midwives in their choice.
- 4.4** It was identified in the LSA audit that midwives generally contacted a supervisor of midwives for advice and support if they had been involved in a critical incident. No issues were identified in the LSA audit to indicate that there was a problem with response times between midwives and supervisors of midwives or women and supervisors of midwives. All midwives in each unit knew how to contact a supervisor of midwives over a 24 hour period.
- 4.5** An audit tool to audit the response times from supervisors of midwives to request from midwives in more detail has been developed and will be audited in a survey as well as in the LSA audit focus groups of 2009-2010.
- 4.6** Each supervisor of midwives is expected to meet with his/her supervisees at least once a year to review their practice and any developmental needs. In two of the LSAs it has been identified in previous LSA audits that not all midwives were meeting with their supervisor of midwives. In these two areas the supervisors of midwives have made sustained efforts to raise the profile of supervision and the need for midwives to meet with them. To facilitate the annual review one LSA have set up a system whereby the midwife has an annual review with the supervisor when she is due to reregister. It is anticipated that there will be full compliance in both LSAs when the LSA audit is conducted in 2009-2010 other than with midwives on long term sick leave or maternity leave.
- 4.7** All supervisors of midwives have a lanyard denoting that they are a supervisor of midwives. This helps to ensure they are easily identifiable to midwives and members of the public.
- 4.8** Student midwives are given the contact details of the name of a supervisor of midwives in one of the LSAs whilst in the other three LSAs student midwives are allocated to a supervisor of midwives. During the LSA audit the student midwives could identify with the role of the supervisor of midwives generally. All students reported that if

they had a problem in practice they would meet with their personal lecturer in the first instance.

5.0 *Details of how the practice of midwives is supervised practice*

5.1 To enable effective supervision of midwifery practice a number of methods of communication are deployed. This ensures a consistent approach to supervision of midwifery practice across the UK as a whole and also within the region. A variety of forums are held that ensure there is strategic direction for supervisors of midwives, that guidance is in place to support them in their roles and trends and themes from serious incidents can be shared to ensure lessons are learnt and practice issues are addressed in practice.

5.2 *Methods of communication with supervisors of midwives*

To facilitate effective communication each supervisor of midwives is able to contact the LSAMO by mobile or by email. The LSAMO will also meet with a supervisor of midwives if requested.

The following forums facilitate a communications network to ensure consistency in the supervision of midwifery practice:-

The NMC/LSA Strategic Reference Group

One of the main functions of this group is to assist in advising the Midwifery Committee on any proposals to make, amend or revoke rules relating to the supervision, practice and education of midwives. The LSAMO is a member of the group and attends any meetings that are held.

The Local Supervising Authority Midwifery Officer Forum UK (LSAMO Forum UK)

This forum meets every two months and was established to provide all the LSAMOs with support and to ensure that supervision of midwifery practice is developed and delivered in a consistent manner across the UK.

There are 16 LSAMOs throughout the UK and together they have developed a cohesive strategy for the statutory function, with shared principles and the implementation of a common approach to achieving NMC standards. The published strategy describes the plan of achievements for the Forum for the next three years. This document can be viewed on <http://www.midwife.org.uk/>. Through the strategy the Forum aims to ensure that midwives working in any part of the UK can expect the same standard of supervision of midwifery practice.

LSAMO meeting with Heads of Midwifery in West of Scotland

The LSAMO meets with Heads of Midwifery in the West of Scotland throughout the year to provide updates on the strategic direction of supervision of midwifery practice and to discuss any other local issues.

West of Scotland Link Supervisor of Midwives (WoSLSM) Forum

This is held every three months. Supervisors of midwives from each NHS Board and the University of the West of Scotland (UWS) are represented on this forum. This promotes cohesiveness in the strategic approach and planning of supervision from both a clinical and educational perspective.

The forum considers national strategies and directives from the NMC, Scottish government, or other relevant bodies. Supervisory issues are reviewed and discussed and the forum is used as a platform to implement the strategic direction for supervision of midwifery practice across the West of Scotland. The forum is also used for the sharing of best practice and also working through any challenges that may arise. A West of Scotland action plan for supervision is updated every six months in this forum (Appendix 3).

The link supervisors feed information back to their local meetings. They also assist the LSAMO in both implementing and undertaking the LSA audit across the region and contribute to ensuring an effective communication network.

Supervisor of Midwives Local Forums

All supervisory teams hold regular meetings either on a monthly or bimonthly basis. In these meetings all business related to supervision is discussed. Feedback is also given from the WoSLSM and any local action plans are updated (Appendix 4).

Supervisors may also discuss any supervisory investigations or any other problems identified with midwifery practice. In one LSA a supervisor of midwives who is also a risk manager feeds back top risks identified in the clinical risk management forum. Two LSAs have work shops in meetings whilst another has an annual away day to discuss their future years work or any issues they may be interested in. The LSAMO attends these meetings on ad hoc basis other than the LSA undergoing major service redesign where she currently chairs these meetings.

LSAMO and supervisors of midwives in HEI

The LSAMO also meets with supervisors of midwives in the HEI to develop systems and processes to support supervised practice and reflective activities between supervisor of midwives and midwives. As these are developed they will be disseminated to all supervisors of midwives.

Scottish LSAMOS

The three LSAMOS based in Scotland meet regularly to discuss any issues arising from a Scottish perspective.

5.3 How the practice of midwifery is supervised

The NMC (2004) Midwives rules and standards set out in Rule 12 how the practice of midwives is supervised. Rule 12 stipulates that a local supervising authority shall ensure that

- Each practising midwife within its area has a named supervisor of midwives
- At least once a year each supervisor of midwives meets each midwife for whom she is the named supervisor of midwives to review the midwife's practice and to identify her training needs
- All supervisors of midwives within its area maintain records of their supervisory activities including any meeting with a midwife
- All practising midwives within its area have 24 hour access to a supervisor of midwives

Each of these standards was audited in the LSA annual audit through a self assessment tool and by questioning supervisors and midwives about their experiences in relation to these standards. All these standards were met by the supervisors of midwives other than two LSAs where not every midwife has met with their supervisor of midwives. This year it is anticipated there will be full compliance with this standard following the LSA audit process. In the other two LSAs it was identified that if the supervisor of midwives did not meet with her supervisee to undertake an annual review this would generally be due to long term sickness or maternity leave.

The LSA audits have demonstrated that each midwife completes an Intention to Practice form and this is signed by the midwife's named supervisor of midwives and then submitted to the LSA Office. Details are then submitted on a data base within the LSA and then submitted to the NMC. In the year 2009-2010 the West of Scotland will subscribe to the National LSA database in line with other LSAs in the UK.

Each midwife has a named supervisor of midwives and they are required to meet with their supervisor of midwives at least once a year. This enables the opportunity for the midwife to discuss their developmental needs with their supervisor of midwives and also to discuss any practice issues.

The supervisors of midwives maintain records on their case load of supervisees. An aim in the future is to promote the use of reflection on practice between supervisor and supervisee.

All midwives have 24 hour access to a supervisor of midwives. As stated earlier one unit does not have a full rota for on call but has made provision that a supervisor of midwives can be contacted. Response times will be monitored closely in the next years annual audit process.

All these standards were met by the supervisors of midwives and no significant issues were identified.

5.4 Safety of the Public

The NMC (2004) Midwives rules and standards stipulate that the role of the supervisor of midwives is to protect the public by empowering midwives and midwifery students to practise safely and effectively. Therefore to ensure the safety of the public supervisors of midwives may also be required to undertake supervisory investigations following critical incidents to determine if there is any evidence of poor practice and then put in place relevant programmes to develop a midwife's practice through supervised practice or a programme of developmental support.

Supervisors of midwives are involved in clinical governance arrangements within each NHS Board and supervisors of midwives support clinical governance strategies.

There is a supervisor of midwives on maternity clinical risk management forums in each LSA. Most of the clinical risk managers are also supervisors of midwives. The supervisors of midwives review incidents where actual or potential harm has happened and contacts the LSAMO to discuss case that may require a supervisory investigation.

As a means of safeguarding the public the evidence base from the analysis of supervisory investigations will be fed back to both the local supervisors of midwives forum and the West of Scotland link supervisors of midwives forum. This will enable supervisors of midwives to share lessons learnt and assist them in putting measures in place to prevent similar patterns emerging in the future.

Supervisors of midwives encourage midwives to attend debriefing sessions with them following clinical incidents. The LSA audit identified that not all midwives avail themselves of this facility at present. Therefore work is being developed between the University of West of Scotland and the LSAMO to develop a system for supervisors to undertake a formal reflection with a midwife following an investigation when supervised or supported practice has not been deemed as an outcome following the investigation. This will be implemented in 2009-2010.

All supervisors of midwives are committed to supervision of midwifery practice and its remit in the protection of the public within the LSA.

They work hard in both developing and achieving the standards of supervision. Where there are challenges in practice the supervisors of midwives agree actions seeking the support of the LSAMO when necessary.

5.5 *Intention to Practice Process and Annual Review*

Each supervisor of midwives receives an Intention to Practice (ITP) form from the midwives in their caseload and each supervisor of midwives undertakes an annual review with the midwife. The ITP is signed by the midwives supervisor of midwives and details are entered on a database and submitted to the NMC.

Each supervisor of midwives invites her supervisee to discuss learning needs, professional development needs and to discuss any concerns the midwife may have.

5.6 *Supervisors of Midwives as Leaders*

The LSA audits identified that staff see supervisors of midwives as a distinct group and that they are there to support them in their role as midwives. They were not always clear of all the activities undertaken by supervisors of midwives to support them in their role and the supervisors are trying to raise the profile in a variety of ways such as news letters or circulating minutes of meetings to enable staff to have information on their activities. Where supervisors of midwives worked in the clinical area midwives were more aware of the full range of activities undertaken by supervisor of midwives.

Supervisors of midwives attend a variety of forums. Forums where supervisors of midwives are represented include

- Clinical Risk management meetings
- Clinical Effectiveness forums
- Clinical Governance forums
- Maternity framework groups
- Maternity Liaison Service Committees
- Educational Curriculum Planning Forums

5.7 *LSA Annual audit*

A consistent process has been established across the West of Scotland over the past three years to ensure that the standards for the supervision of midwifery practice are met in each of the four LSAs in the West of Scotland. A LSA audit takes place annually. The LSAMO Forum UK has produced an audit tool which is used by all LSAMOs to audit standards for the supervision of midwifery practice. This national audit tool ensures a consistent approach in auditing the standards for the supervision of midwifery practice.

The standards depict the minimum standard of statutory supervision to be achieved. The LSA audit tool incorporates five LSA standards based on the five principles set out in the NMC (2004) Midwives rules and standards. The LSAMO Forum UK has developed a range of methodologies to audit the standards. This is to assist LSAMOs in deploying different approaches to enhance the audit process.

Currently a model of peer assessment is being used in the West of Scotland to monitor the standards which involves an audit team comprising of:-

- two supervisors of midwives from other units or a HEI
- a service user
- the LSAMO
- student supervisors of midwives

The methodology used to audit the standards will be reviewed following the LSA audits of 2009-2010.

Supervisors of midwives were asked to provide evidence prior to the LSA audit visit. Focus groups were also held with midwives, student midwives, service users and managers to triangulate the evidence. A questionnaire was sent to all supervisors of midwives within the LSA prior to the audit with a good response rate. The findings from the survey, audit and focus groups were consistent. This was also found in the LSA audit of the preceding year. The report of the LSA audit was then sent to the Chief Executives, the Director's of Nursing, Heads of Midwifery, and Supervisors of Midwives.

On the whole the 54 standards were met in each LSA. Where they were not met or partially met the supervisors of midwives discuss the issues in their local meetings and make an action plan for the forthcoming year. There is also a West of Scotland Action Plan that is reviewed every six months in the West of Scotland link supervisors of midwives forum to take issues forward across the region as well as at a local level (Appendix 4).

As well as assessing whether the standards for supervision are met the LSA audit process contributes to raising the profile of supervision of midwifery amongst midwives, supervisors of midwives and women. The peer review method enables supervisors of midwives to share good practice with each other, and also provides networking opportunities for them. The audit process contributes to developing the supervision of midwifery practice further and is a positive learning experience for both supervisors of midwives and student supervisors of midwives who attend as observers on the audit team.

It can be demonstrated that an audit process is in place to assess how the practice of midwives is supervised and that a continual process for identifying challenges and to ensure continuous improvement is in place. This helps contribute to ensuring that supervision of midwifery

practise is proactive and a gives a framework for the protection of the public.

5.8 Themes emerging from audit of LSA standards

In the report 2007-2008 a series of themes were discussed that were identified in the audit process. An update is provided on these themes.

Standard 1 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

It was noted in last years report that work was being undertaken by all supervisors of midwives in each area to promote women centred care and promote normality in childbirth. Information was widely available for women on supervision. Despite this work it was identified in the audits that women were not conversant with statutory supervision of midwifery practice.

Action: Supervisors are promoting supervision of midwifery practice in their local units and aim to meet with women to plan care in complex situations. It is still proving challenging raising the profile amongst women other than in the smaller units where women could identify with the role of the supervisor of midwives. This work is ongoing.

Standard 2 Supervisors of Midwives are directly accountable to the LSA for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.

It was highlighted that three of the LSAs did not meet the recommended ratio of supervisors of midwives to midwives. Supervisors of midwives report taking time for supervision can be challenging.

Action: There have been a number of strategies put in place to increase the ratio. These are identified throughout this report and have met with a measure of success.

Supervisors of midwives are provided with designated time for supervision and are expected to report difficulties to their line manager.

Standard 3 Supervisors of Midwives provide professional leadership and nurture potential leaders

Midwives were not always aware of the role of supervisors as leaders and the ability to influence practice.

Action: Supervisors have been raising the profile of supervision of midwifery and midwives report that they are aware of the leadership function of supervision and see supervisors as a distinct group and separate from management. They see supervision as a supportive function.

Standard 4 Supervisors are approachable and accessible to midwives to support them in their practice

In two of the LSAs midwives have did not always recognise the requirement to meet with their supervisor of midwives.

Action: Supervisors have actively raised the profile of supervision in these areas and this has been demonstrated in the LSA audits that have taken place.

Standard 5 Supervisors of midwives support midwives in providing a safe environment for the practice of evidence based midwifery.

In all areas supervisors of midwives had contributed to developing evidence based guidelines to support midwives in their practice.

5.9 Challenges to effective supervision

One of the major challenges impacting on effective supervision is having enough time to undertake the function of the role of supervisor combined with their other roles. Supervisors in non clinical roles find this easier to manage than clinically based supervisor of midwives. The NHS Boards support the supervisor of midwives in having protected time for supervision and each supervisor is expected to monitor time spent on supervision and if she has difficulties should discuss this with her line manager.

Other challenges identified by supervisors in this years audit were the need to continue raising the profile of supervision amongst midwives and women. They aim to do this by raising the profile of the remit of the supervisor of midwives with staff and also circulating information from local meetings. One of the LSAs has employed a Community Engagement Officer. The LSAMO meets regularly with the post holder to discuss was of facilitating information about statutory supervision with the consumer groups in the area and to promote engagement in the LSA audit process. Work is also being undertaken to access these focus groups or representatives from them in the 2009-2010 audit cycle.

Recruitment continues to challenging in two of the LSAs. Road shows will take place in early 2010 in an attempt to raise the profile and recruit midwives for the next preparation programme.

The LSA audit process in the West of Scotland is instrumental in ensuring that the practice of midwives is supervised and that a process for identifying challenges and ensuring continuous improvement is in place thus ensuring protection of the public.

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

6.1 During this year service users were invited to take part in the LSA audit process. They were recruited through a variety of sources, for example, service users already known to the service, representatives from the NCT or other birth pressure groups and through the Community Engagement Officer in one LSA. Two training days were held to give service users information on the statutory supervision of midwifery practice and the LSA audit process. Themes were also identified to the service users from the previous years audit process as a means to demonstrate what the audit teams would focus on in each area in this year's audit.

These days proved successful and ten service users attended and a number of these managed to take part in the LSA audits. The programme for the training day is in the appendices (Appendix 5). The training days also contributed to raising the profile of supervision amongst some of the service users and generated interest in taking part in the LSA audits and also being able to make a contribution in impacting on local services.

6.2 Plans are underway for engaging with service users in this years audit process. In the largest LSA where the community engagement officer is employed it is planed that the LSA audit team will meet representatives from the user groups she engages with as well as meeting women during the audit day. This will be evaluated.

6.3 Main difficulties encountered in maintaining an engagement with interested service users are that they often return to employment and therefore do not have the same time to give to this work and sometimes difficulties are reported with child care although some areas do offer crèche facilities.

6.4 In two of the community maternity units parenting sessions are held and the supervisors of midwives outline the role of the supervisor of midwives and LSAMO.

6.5 Supervisors of midwives in every LSA ensure there is information available for women on supervision of midwifery practice. This includes leaflets published by the NMC. The LSA audit identified that information was available on the role of the supervisor of midwives in various formats for members of the public either in individual leaflets on information for women or paragraphs in Bounty books on local services. Despite these measures it was evident during the audit process that most women did not know about supervision of midwifery practice. Raising the profile of supervision of midwifery practice to

women continues to be a target for supervisors of midwives and is an action in the West of Scotland Action Plan.

7.0 *Evidence of Engagement with higher education institutions in relation to supervisory input in midwifery education*

The LSAMO and supervisors of midwives work closely with HEIs in relation to pre and post registration development, teaching on courses and the supervision of student midwives. This engagement takes place through a variety of ways and are detailed below.

7.1 *The LSAMO and HEI*

The LSAMO maintains links with the two HEIs offering midwifery programmes in the West of Scotland. The Preparation Programme for Supervisors of Midwives is currently offered at the University of the West of Scotland (UWS).

The LSAMO attends meetings with UWS on a regular basis to give advice or support and lectures on pre registration and preparation programmes for supervisors of midwives.

The UWS and LSAMO are jointly developing programmes for supervised practice which includes the development of a directory of competencies that supervisors of midwives and educationalists can use following supervisory investigations that recommend supervised practice. This work also involves the development of a process for midwives to undertake a formal reflection following a supervisory investigation when a period of supervised or supported practice is not required. This is to ensure that learning and reflection are used following any supervisory investigation.

The UWS also supports the LSAMO in creating training opportunities for supervisors of midwives and continues to working with the LSAMO in facilitating workshops.

Further opportunities for the development of supervisors of midwives will be based on learning needs identified by supervisors either through LSA audit or evaluation of conferences/workshops.

The LSAMO also attends any monitoring visits, such as those by the NMC, and curriculum planning meetings.

There are five educationalists currently supervisors of midwives in the UWS. Another educationalist and a practice education facilitator are due to undertake the preparation programme in September 2009.

7.2 *Supervisor of midwives engagement with HEI*

The supervisors of midwives link into the two HEIs in the area. These are Glasgow Caledonian University (GCU) and UWS. Supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and continuous professional development. Supervisors of midwives are on curriculum planning teams and undertake lectures on pre registration and post registration programmes. They also ensure that midwives remain updated.

7.3 Supervisors of midwives supporting student midwives

All student midwives are given information on statutory supervision of midwifery practice. In each NHS Board student midwives are either allocated a supervisor of midwives or are given the name of a supervisor of midwives who acts as the identified link in that LSA.

In one of the NHS Boards the supervisors of midwives hold an open event for student midwives and this is rotated around the units within that NHS Board on an annual basis. Student midwives were part of focus groups during the LSA audits and it was evident that they were conversant with the role of the supervisor of midwives. It was noted that they had varying degrees of knowledge dependant on HEI and the year of training they were in.

7.4 The clinical learning environment for pre-registration student midwives

During the LSA audits focus groups are held with student midwives. They are asked about their clinical placements during this session. No significant issues were identified. If significant issues are identified they would be fed back to the Lead Midwife for Education directly by the LSAMO.

7.5 Preparation of Supervisor of Midwives Programmes

The programme for the preparation of supervisors of midwives is based at the University for the West of Scotland and is based on the NMC (2006) Standards for the Preparation and Practice of Supervisors of Midwives (2006). The programme runs in February and September of each year dependent on local need. The aim of the programme is to prepare midwives for the statutory role and to help them to understand critique and evaluate the role and the significance of self regulation of the profession for public protection. Only NMC approved educational institutions can deliver the preparation programmes and the University of the West of Scotland was validated by the NMC in 2008. Following validation programmes are monitored annually through the NMC quality assurance processes.

To recruit new supervisors adverts listing the skills required to be a supervisor of midwives are circulated to the LSA. Any midwives who are nominated or would like to become a supervisor of midwives may

contact the LSAMO directly for information. The applicants then go through the selection process as set out in the LSAMO Forum UK guidance.

The student supervisors have a supervisor mentor during the preparation programme who assesses their competencies. The programme is comprised of two modules; one theory and the other practice based. Students must successfully complete both components. When they have successfully completed the programme the LSAMO is informed by the LME. They are then appointed by the LSAMO as a supervisor of midwives to the LSA. The newly appointed supervisor will be provided with a period of preceptorship for a minimum of three months as per NMC (2006) standards.

During the programme the LSAMO meets regularly with the module leaders who keep her updated with the student's progress on the programme. If any issues are identified they are discussed with the LSAMO. The LSAMO is advised if students are not successful on the programme.

7.6 *University of the West of Scotland*

The preparation course programme takes place in either February or September and is run as a part time module at level 6 (degree) and level 7 (masters). The LSAMO is involved in the planning of the modules, as part of the teaching team and in the evaluation.

Programme leader – Maria Pollard

Module Team -Maria Pollard, Madge Russell, LSAMO and other relevant external speakers

7.8 *Challenges*

Challenges were identified in the previous year by supervisors of midwives in relation to supervisory investigations and supervised practice. These included:-

- a need to have training in how to conduct a supervisory investigation
- how to write a report
- standardised programmes for supervised practice that include identified learning outcomes for the individual practitioner

The LSAMO has worked closely with UWS to develop workshops on conducting supervisory investigations. These were developed in conjunction with the LSAMO from East of England who acted in an advisory capacity and conducted a workshop in this area which is subsequently being run every quarter in the West of Scotland. The workshop is also part of the theoretical module on the preparation programme for student supervisors of midwives as well. This ensures consistency of approach amongst supervisors of midwives. Also work

is also being developed on supervised practice programmes and the development of a directory of competencies.

It is anticipated that work shops will be developed over the next year on report writing.

7.9 Ongoing Education for Supervisors of Midwives

The LSAMO has established an annual conference for supervisors of midwives in the West of Scotland and also runs workshops based on training needs which are identified through evaluation forms.

This year the sessions were as follows:-

Learning Opportunity	Total Number Attending
West of Scotland Annual Conference Supervision in Action – Midwifery Leadership Making it Happen February 2009	56
West of Scotland Annual Conference Supervision in Action – Midwifery Leadership Making it Happen March 2009	73
Conducting a Supervisory Investigation September 2008	27

Conference programmes can be found in the appendices (Appendix 6). Further work shops have taken place on conducting supervisory investigations in this practice year.

8.0 Details of any new policies related to the supervision of midwifery practice

8.1 Guidance for supervisors of midwives

To support supervisors of midwives in their role in supervising midwives practice the LSAMO Forum UK has produced national guidance. This National Guidance gives a framework for supervisors of midwives to undertake a consistent approach across the UK in supervising midwives practice. This consistent approach to statutory supervision of midwifery practice contributes to promoting the safety of maternity services through the protection of the public. The supervisors of midwives in the West of Scotland formally adopted the LSAMO Forum UK guidance on February 1st 2009. This guidance can be accessed on www.midwife.org.uk and also www.midwiferysupervision-woslsa.scot.nhs.uk. Each supervisor of midwives has also been issued with a file of the National Guidance.

8.2 West of Scotland Guidance Development Group

The LSAMO has also established a guidance development group for supervisors of midwives. This group will develop guidance for supervisors of midwives across the West of Scotland. As a foundation for these guidelines the group is adopting guidelines from the North West of England with the permission of the LSAMO and these are currently being reviewed and adapted for use in this area.

Supervisors of midwives can also identify any guidance or policies to this group as the need arises. This could be based on any issues that may arise in practice or in response to government directives.

Supervisors of midwives are represented on this group from each LSA and the HEI. As guidelines are ratified they will be able to be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk. they will be reviewed on a three year basis when established.

8.3 Local Guidance

Supervisors of midwives also contribute to developing local guidelines for midwifery practice that are used within their areas. Examples of these are Home birth and Water birth guidelines.

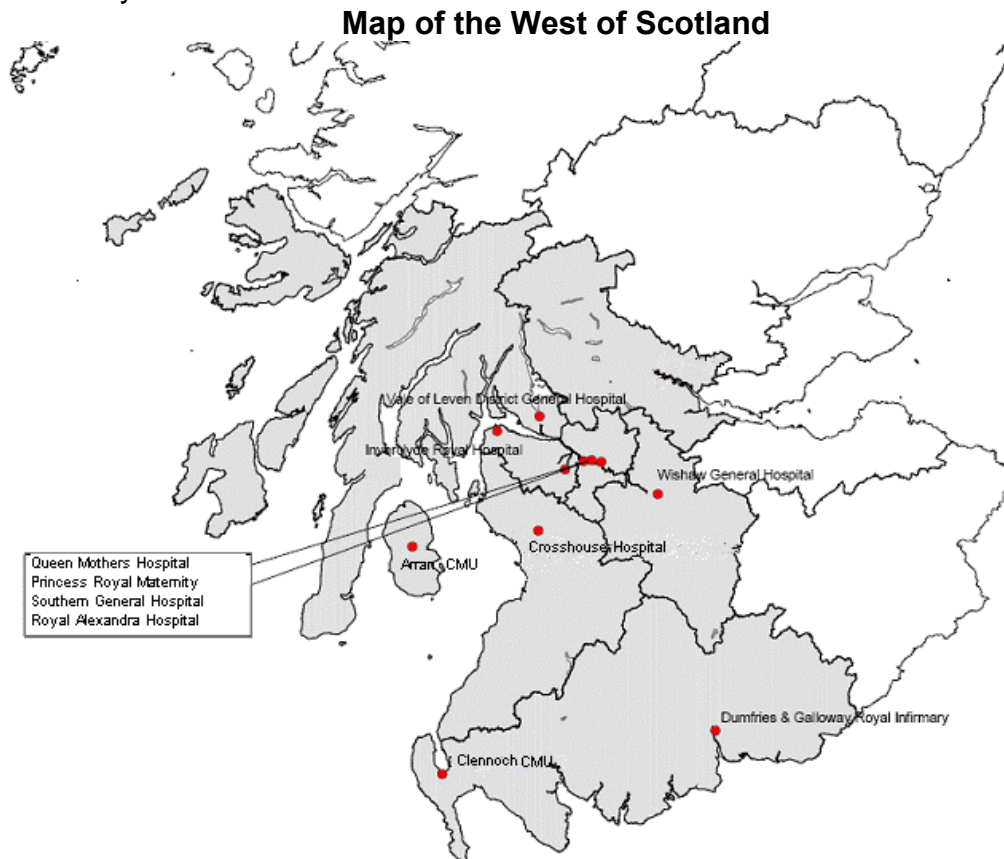
8.4 Reflection

The LSAMO is currently working jointly with UWS to develop systems to support midwives in undertaking reflection with supervisors of midwives. A process is also being developed to initiate a formal reflection between a midwife and the investigation supervisor of midwives following involvement in a critical incident when supervised practice or developmental supports have not been deemed necessary.

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

9.1 Demography of the West of Scotland

The West of Scotland covers maternity units within four NHS Boards; Greater Glasgow and Clyde, Lanarkshire, Dumfries and Galloway, Ayrshire and Arran.



The hospitals providing maternity services in the West of Scotland are:-

NHS Board	Maternity Service
Greater Glasgow and Clyde	Princess Royal Maternity Unit
	Queen Mother's Hospital
	Southern General Hospital
	Royal Alexandra Hospital
Greater Glasgow and Clyde	Inverclyde Community Maternity Unit
	Vale Of Leven Community Maternity Unit
Lanarkshire	Wishaw General Hospital
Ayrshire and Arran	Ayrshire Maternity Unit Crosshouse Hospital
	Arran War Memorial
Dumfries and Galloway	Cresswell Maternity Unit
	Clennoch Community Maternity Unit

9.2 Public Health Profile

The West of Scotland is a combination of urban and rural settings with some remote areas including two islands, where women come to the mainland to be delivered. One island, Arran, has a midwifery service on the island and some low risk mothers deliver on the island. Within Scotland 80% of the population live in 20% of the land. Within the densely populated areas there are high levels of deprivation and poverty.

The West of Scotland has a population of approximately 1.5 million people with approximately 26,512 births per annum. There is a mixture of remote and rural areas and urban communities across the region. There are high levels of deprivation and high levels of addiction. There are also reports of a number of immigrants from Eastern Europe in the communities which bring challenges such as late booking for maternity services, poor health status and language difficulties. All these issues pose risk to women and their children, a fact reinforced in the Confidential Enquiry into Maternal and Child Health (2007) Saving Mother's Lives which reports maternal deaths amongst immigrant women from the new member states of the European Union. Supervisors of midwives, alongside the multi disciplinary team, are conscious of this when planning for and delivering maternity care.

There are a range of specialist services available across the West of Scotland and each of the NHS Boards has specialist midwifery roles in place to support vulnerable women and their families. Each NHS Board is striving to reduce inequalities in health, to improve the health status of the individual through effective delivery of services.

9.3 Workforce and Birth Trends

This is the third year that the LSA office has collated workforce and clinical outcome data on a template across the four LSAs. There has been a slight increase in the number of women delivered in two of the NHS Boards during the reporting year. Trends are detailed in the table below.

Table Birth Rate Trends -No of women delivered

NHS Board	Unit	2006-2007	2007-2008	2008-2009	Trend
Ayrshire and Arran	Ayrshire maternity Unit	3746	3733	3773	▲ 40
Dumfries and Galloway	Cresswell maternity Wing	1377	1377	1228	▼ 149
	Clennoch CMU	81	289	238	▼ 51
Greater Glasgow and Clyde	Princess Royal Maternity unit	5505	5630	5794	▲ 164
	Queen Mothers Maternity Unit	3340	3460	3191	▼ 269
	Southern General Hospital	3128	3432	3361	▼ 71

NHS Board	Unit	2006-2007	2007-2008	2008-2009	Trend
	Royal Alexandra Hospital	3272	3373	3561	▲ 188
	Inverclyde Royal CMU	88	100	97	▼ 3
	Vale of Leven CMU	75	93	92	▼ 1
Lanarkshire	Wishaw maternity unit	5088	4963	5177	▲ 214
Total		25700	26450	26512	▲ 62

9.4 Each area monitors birth trends and makes plans for future services by monitoring work force trends with an aim to ensure the safety of service for women and their babies. Some of the areas are looking at skill mix and also the role of the maternity care assistant. There is currently a course in Scotland that trains maternity care assistants and this is subscribed to by each NHS Board.

9.5 Midwives to Birth Ratio

The RCM recommends a maximum midwife to birth ratio of 1:28 in maternity services. The following table details this ratio in each NHS Board.

Table Midwife to birth ratio per LSA

LSA	NHS Ayrshire and Arran	NHS Dumfries and Galloway	NHS Greater Glasgow and Clyde	NHS Lanarkshire
Midwife to Birth Ratio	1:26	1:18.5	1:16	1:21.13

In NHS Greater Glasgow and Clyde the midwife to birth ratio ranges between 1:28 to 1:15.

9.6 Methods of Data Collection

All statistics are collated within the NHS Boards either manually or supported by maternity information systems. One NHS Board has implemented a system known as eCclipse this year. Detailed information on birth trends and clinical activity can be found in the appendices (Appendix 7). This information is submitted to the LSAMO on an annual basis.

9.7 Issues impacting on maternity services

Two of NHS Boards report a slight increase in the number of births. One of the NHS Boards is undergoing a major service redesign at present. This is leading to the reduction of three maternity units to two sites. Services will be transferred to the other two sites by January 2010. There are a number of work streams in progress to implement this major reorganisation of services. Supervisors of midwives are represented on each of the work streams. The supervisors of midwives will also have a facilitated time out to support them and to give them strategies to support their supervisees during this time of transition.

In this NHS Board the largest unit reports increased activity which can lead to capacity issues leading to pressure points in the service. There are a series of measures being put in place to ease these by the senior management team. These issues have been identified to the LSAMO and supervisors of midwives. The supervisors of midwives meet with the Head of Midwifery regularly to receive updates and to enable them to support staff. Measures being put in place are relocation of 5.5 WTE midwives to the Labour ward. The relocation of the maternity assessment unit to another floor to divert activity from the labour ward, and the closure of the birthing unit as clinical activity was low in this area. It is anticipated that these measures will contribute to easing pressure points in the service.

The other NHS Board reporting an increase in births has also identified that the increase has contributed to a number of capacity issues. Supervisors of midwives in this LSA report that midwives are more likely to call them for support.

This NHS Board is monitoring future birth trends on a monthly basis. They are also undertaking work force planning and looking at skill mix and the age profile of midwifery staff. Plans include reviewing the structure and skill mix and they aim to have an 80/20 ratio of trained to untrained staff. This will take place over a number of years based on staff turnover and the current age profile.

- 9.8** Each NHS Board has participated in the National Nursing and Midwifery Workload and Workforce planning project and have undertaken the Birth-Rate Plus and a Professional Judgement Workforce planning tool. Following on from this a short life working group has been set up to develop a tool to assist in determining staffing requirements for women with complex needs and for the remote and rural areas unique to Scotland. This work will be used in conjunction with findings from Birth rate plus analysis.

9.9 *Promoting Normal Childbirth*

There is a national project underway in Scotland called Keeping Childbirth Natural and Dynamic (KCND). This has led to the appointment of Consultant Midwives in each NHS Board who are leading on this project across Scotland. Activities include no-admission CTGs for low risk women, midwife as named case holder for low risk pregnancies' and the midwife as the first point of contact. Supervisors are working in conjunction with midwives and service providers to promote normality in childbirth. The KCND pathways for pregnancy have been launched this year following the work and commitment of a project team consisting of midwives anaesthetists, paediatricians and obstetricians. This work demonstrates the united effort made across Scotland in ensuring opportunities to maximise normal birth for women with pregnancies considered low risk and also gives clear guidance

when to refer women for medically managed care. It is anticipated that this work will help to reduce caesarean section rates in the future. This will be monitored as part of ongoing evaluation of the project.

9.10 In the on going promotion of normality supervisors of midwives continue to promote choice of home and water birth and the use of alternative therapies. Numbers remain small overall however there is an upward trend noted in most areas. This can be viewed in the appendices (Appendix 7).

9.11 *Serious Incident Escalation Policy*

Each NHS Board has a serious incident policy. There is also West of Scotland guidance for supervisors of midwives on reporting and investigating serious untoward incidents. It is the role of the supervisor of midwives to advise the LSAMO if there has been a serious untoward incident. Within each NHS Board serious incidents are reported to the risk manager and then reviewed by the risk management team. These are escalated to executive teams according to local guidance in each NHS Board. A supervisor of midwives sits on each maternity clinical risk forum this forum. Incidents are discussed in local supervisors of midwives forum where relevant.

9.12 *Unit Closures*

There have been no unit closures across the West of Scotland. The maternity units in the West of Scotland do not operate a closure policy. If problems are identified with capacity or staffing levels these would be reported by the unit coordinator to the Service Manager or general Manager who would assess the situation and make recommendations or contingency plans. An incident form would be completed to monitor trends.

9.13 *Maternal Deaths*

The definition of maternal death as defined by the Confidential Enquiry into Maternal and Child Health (CEMACH) is the death of a woman while pregnant or up to one year after abortion, miscarriage or birth. Indirect deaths are those relating from previous existing disease. Direct deaths are those resulting from Obstetric complications during pregnancy, labour and the postnatal period.

There were nine maternal deaths in the reporting year. These are outlined in the table below. Supervisors of midwives are required to report and investigate on maternal deaths. This has been included in the West of Scotland Guidance on the reporting and monitoring of serious untoward incidents. No issues with midwifery practice have been identified by supervisors of midwives to date although one of the deaths is still being investigated at present. The mechanism for

reporting and investigating maternal deaths to the LSAMO needs reviewing and this will be a work stream over the next year.

NHS Board	Gestation	Cause of Death	Any Midwifery Practice issues identified by SOM
GGGC	Eight weeks pregnant	Suspected Heart Attack	None identified
	Twenty-two weeks gestation	History of severe mental health problems taking medication for this- died when an in patient in mental health unit .	None identified
	Twenty two weeks gestation	History Sickle Cell Anaemia. Admitted with vaginal bleeding 22 weeks no bleeding seen on admission. Seen by Consultant - ultrasound scan performed - died 2 days later at home. Sudden death at home and DOA at hospital	None identified
	Eight weeks postpartum	Meningitis Encephalitis	Awaiting final report
	Thirty five weeks gestation	Dissecting aortic aneurysm	None identified
	Five months postnatal	Found dead at bottom of block of flats .History of substance misuse	None identified
	Thirteen weeks postnatal	Died following episodes of pancreatitis some weeks after birth of baby. History of congenital paraplegia and dislocated hips.	None identified
Lanarkshire	Twenty-nine weeks	Rare genetic cardiac defect	None identified
		Found dead at home had history of substance abuse, had not attended for any care	None identified

10.0 Details of the numbers of complaints regarding the discharge of the supervisory function

There were no complaints in this reporting year regarding the discharge of the supervisory function. With the adoption of the LSAMO Forum UK Guidance in January 2009 the process that is now being used to address a complaint against a supervisors of midwives or the LSAMO is set out in Guideline G 'Policy for the notification and management of complaints against a Supervisor of Midwives or an LSA Midwifery Officer, including appeals'. Complaints against the LSAMO are dealt with through the complaints procedure within NHS Ayrshire and Arran as this is the host Board of the LSAMO.

The appeals process is also set out in Guideline G. The guideline can be accessed on www.midwife.org.uk or www.midwiferysupervision-wosla.scot.nhs.uk

11.0 Reports on all local supervisory investigations undertaken during the year

11.1 The Local Supervising Authorities in the West of Scotland have guidance in place for supervisors of midwives on the Reporting and Monitoring of Serious Untoward incidents. Each supervisor of midwives has a copy of this guidance. The guidance acts as a reference guide for supervisors of midwives and includes a section to give a guide on

what incidents or issues involving midwifery practice should be referred to the LSA. These include the following examples:-

- All maternal deaths
- All investigations of midwifery practice being undertaken by SOM, irrespective of outcome
- Significant changes in service configuration that may have the potential for adverse impact on women and babies,
- Sustained deficits in midwifery staffing
- Midwives reported to the NMC
- Unexpected intrauterine or neonatal deaths
- Unexpected Intra-partum death
- Unexpected significant morbidity of a mother or baby

11.2 The supervisor of midwives should advise the LSA of any issues involving midwifery practice that is of serious concern. The West of Scotland guidance specifies that this list is not exhaustive and that where there are uncertainties the LSA should be contacted for advice.

11.3 It is essential that the team of Supervisors be notified of all serious untoward incidents that involve midwifery practice. This means that there should be a link between the supervisors of midwives and the clinical risk co-ordinator, the complaints co-ordinator and any other relevant personnel within the NHS Board. A supervisor of midwives sits on the local clinical risk management forum in each NHS Board. The clinical risk manager is also a supervisor of midwives in most of the units within each NHS Board.

11.4 A Supervisor of Midwives should undertake an investigation where circumstances suggest that there may have been poor midwifery practice. This function cannot be delegated to anyone else, although at times the clinical risk manager and Supervisor may be the same person. The LSA Midwifery Officer is always available to provide advice and support to the supervisors of midwives.

11.5.1 In addition to the above, guidance there is also LSAMO Forum UK National available for supervisors of midwives. This is Guideline L and is called 'Investigation into a midwife's fitness to practise'. This gives clear guidance on how to conduct a supervisory investigation, a template for documentation of the investigation and a checklist of considerations whilst undertaking a supervisory investigation.

The LSAMO has also held workshops for supervisors of midwives on how to conduct an investigation.

11.6 Investigations

There has been an increase in the number of supervisory investigations in the reporting year and is due to the increased awareness amongst the supervisors of midwives in undertaking

investigations irrespective of outcome as a means to ensure that the public are protected.

There have been seventeen investigations conducted in the practice year plus a serious incident review. A supervisor of midwives was member of the serious incident review panel and produced a report with recommendations from the perspective of statutory supervision of midwifery practice. Fourteen investigations were conducted by supervisors of midwives supported by the LSA. Three investigations were conducted by the LSAMO.

Out of these investigations two midwives underwent a period of supervised practice and both successfully completed the programme. Four midwives undertook a period of developmental support. Four midwives undertook a formal reflection following the Serious Incident Review. The LSAMO worked in conjunction with the UWS to develop a Proforma for midwives to undertake a formal reflection with a supervisor of midwives. This was positively evaluated as an effective learning tool that provided on going support to staff after involvement in a serious incident but also ensured continuous learning took place. This mechanism will be constantly evaluated.

Another midwife resigned from the organisation during a supervisory investigation. The outcome of the investigation recommended that the midwife undertake a period of supervised practice. Due to illness the GP advised that the midwife was not well enough to undertake supervised practice at this time. The situation will be reviewed at the end of the year.

- 11.7** There has been one investigation commissioned by an external supervisor of midwives which is not yet completed.
- 11.8** The learning outcomes for both supervised practice and supported practice were in relation to:-
- Poor communication
 - Failure to work as a team
 - Decision making
 - Accountability
 - Failure to maintain contemporaneous records
 - Planning and delivery of care
 - Failure to resuscitate according to national guidance
 - Failure to refer to medical staff and refer to medical aid
 - Failure to monitor vital signs
 - Failure to monitor the growth of the fetus
 - Failure to interpret the CTG correctly
 - In effective cross boundary communication
 - Administration of Syntometrine instead of Konakion
 - Inability to care for Insulin Dependant Diabetic woman on sliding scale of insulin

Systems not supporting midwives in practice also featured in some of the investigations and these were reported to the NHS Board.

11.9 Referrals to NMC

Two midwives who had been recommended to undertake supervised practice in the previous year were referred to the NMC by the LSAMO as a place could not be found for one midwife to undertake the programme and the other midwife was not well enough to undertake the programme of supervised practice. Both of their contracts had been terminated. An interim hearing has taken place and each midwife is not to practice until they have undertaken a period of supervised practice. A placement still has not been found. The LSAMO has been working with the Royal College of Midwives in an attempt to find a placement.

11.10 The LSAMO is maintaining a database on supervisory investigations. As supervisors of midwives undertake supervisory investigations, so trends and themes are becoming evident. These are now being shared with supervisors across the region. This will enable supervisors to establish strategies to ensure learning takes place within the work place to help prevent repeated incidents.

11.11 Newly Qualified Midwives

There have been no concerns identified in relation to the competence of newly qualified midwives or in the relation to their place of training during this reporting year.

11.12 NMC

The NMC is contacted for advice on midwifery practice on individual cases as they arise, by telephone, by email, face to face contact or by letter.

12.0 Conclusion

12.1 This report has demonstrated the steady progress made this year both in achieving the targets set in previous annual reports and developing or adopting processes to support supervisor of midwives in their role.

Supervisors of Midwives demonstrate commitment to achieving high standards of practice in relation to statutory supervision of midwifery practice across the region and in raising the profile of statutory supervision of midwifery practice within the NHS Boards. The supervisors of midwives are supported in their role by the Heads of Midwifery. The supervisors and Heads of Midwifery support the LSAMO in embedding a strategic and consistent approach for statutory supervision of midwifery practice across the West of Scotland. This

contributes to ensuring a safe service for women and their families and also the provision of safe learning environments for student midwives.

12.2 LSA Priorities for 2009-2010

- Continue to monitor and reduce risks as set in the NMC risk register
- Ensure standards of supervision are met and where they are not develop action plans
- Support leadership development of supervisors of midwives
- Continue to raise the profile of supervision amongst midwives and service users
- Maintain a recruitment and retention strategy
- Ensure the framework of supervision of midwifery practice is proactive and supports midwives in their roles
- Ensure all supervisors have or are undertaking record keeping audits
- Subscribe to the LSA national data base by the next reporting year to ensure West of Scotland is using the same data set in line with the rest of the UK
- Develop new guidance for supervisors of midwives as required to support them in their role
- Continue to ensure the safety of the public receiving maternity care through the monitoring of serious untoward incidents

12.3 The LSAMO will continue to provide education and support for supervisors where required, for example, in training supervisors in conducting a supervisory investigation and supervising a midwife's practice. Learning needs will be identified by supervisors of midwives from evaluations from training days or conferences. The ultimate aim is to ensure the protection of the public through the effective supervision of midwifery practice through meeting the needs of supervisors of midwives and women and their families at both local and national levels.

12.4 In conclusion the LSAMO will continue to support and develop the supervisors of midwives in their role and champion statutory supervision of midwifery practice in influencing services and ensuring the safety of the public.

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Local Supervising Authorities**



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APPENDICES

Appendix 1

NMC Framework Risk Register Key

Appendix 2

West of Scotland risk profile 2007-2008

Appendix 3

West of Scotland Action Plan

Appendix 4

NHS Dumfries and Galloway Action plan

NHS Greater Glasgow and Clyde Action Plan

Appendix 5

Programme training day for service users

Appendix 6

Conference Fliers

West of Scotland LSA Conference February and March 2009

Conducting a Supervisory Investigation

Appendix 7

Statistics of clinical activity in West of Scotland

Appendix 8

LSA Annual Reports

LSA Annual Report Ayrshire and Arran

LSA Annual Report Dumfries and Galloway

LSA Annual report Greater Glasgow and Clyde

LSA Annual Report Lanarkshire

Miscellaneous

LSA Self Assessment Tool

Current List of Supervisors of Midwives