Annual Report to the Nursing & Midwifery Council

1 April 2008 - 31 March 2009

LSAMO - Mary Vance

30/09/2009

North of Scotland Local Supervising Authority Consortium

Contents

1. Executive Summary

1.1. The Statutory Supervision of Midwives is integral to midwifery practice and over the last year supervision has become an integral part of the clinical governance systems within each of the Health Boards within the North of Scotland.

1.2. In the reporting year 2008 -2009, two NMC reviews were undertaken in the North of Scotland, these were in the Western Isles LSA and Grampian LSA. Although there is still some developmental work to be undertaken both reviews achieved positive results in that the review panels acknowledged that significant changes and improvements had been made to the way the LSAs function.

1.3. Overall, the ratio of supervisor to supervisee in the North of Scotland LSA Consortium was 1:12. This is well within the NMC standard of 1:15. However, with few midwives coming forward for training as Supervisors of Midwives and with the real possibility that 32% of supervisors may retire in the next few years, there is a need to increase the numbers of midwives in training to be supervisors to ensure the sustainability of the supervisory framework.

1.4. The period 2008 - 2009 saw the introduction of an LSA audit tool across the Consortium to audit the LSAs against the NMC standards for the statutory supervision of midwives. As well as auditing the effectiveness of the supervisory framework, the audit process sought feedback from service users on their knowledge and understanding of statutory supervision. This feedback led to the development of a poster for women on what supervision has to offer them.

1.5. Across the LSA Consortium, there is clear evidence of full engagement with Higher Education Institutions (HEI) in relation to supervisory input into midwifery education. In addition, there are close working relationships between the LSAMO and Lead Midwives for Education (LME).

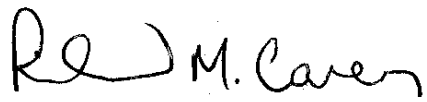
1.6. Developing trends in the LSA Consortium demonstrate that the total number of births for 2008 was 14,381 this was an increase by 814 from 2007 and 2,359 from 2005. This figure is almost 4,000 more than the births projected by the General Register Office Scotland. If this growth in the delivery rate is sustained in the long term, Health Boards will need to explore how they continue to deliver services safely

whilst making best use of current resources. In addition, Health Boards will need to consider reviewing the midwifery establishment.

1.7. Although the overall number of obstetric interventions continues to increase there is evidence that the ratio of interventions to deliveries is decreasing, this is encouraging especially with the implementation of the Keeping Childbirth Natural and Dynamic (KCND) Programme. There is also evidence that the number of women delivering in midwifery led units continues to increase.

1.8. The LSAs are informed about serious untoward incidents (SUI) timeously with the supervisors undertaking an investigation following guidance from the LSAMO. This demonstrates that the rules and standards in relation to investigation leading to supervised practice are being interpreted appropriately and effectively.

2. Sign off from CEO's and LSAMO



Mr Richard Carey
CEO NHS Grampian

Dr S Taylor, DPH, Deputy Chief Executive, acting in the absence of Miss Sandra Laurenson
CEO NHS Shetland

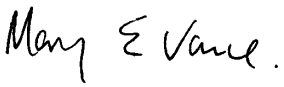
Dr Roger Gibbins
CEO NHS Highland

see note below[1]

Professor Tony Wells
CEO NHS Tayside

Mr David Pigott
Interim CEO NHS Orkney

Mr Gordon Jamieson
CEO NHS Western Isles



Mary Vance
LSAMO North of Scotland

[1] Note: due to a change in policy NHS Tayside do not permit the use of electronic signatures.

3. Introduction

3.1. Local Supervising Authorities (LSA) are organisations within geographical areas, responsible for ensuring that statutory supervision of midwives is undertaken according to the standards set by the Nursing and Midwifery Council (NMC) under article 43 of the Nursing and Midwifery Order 2001[2] details of which are set out in the NMC Midwives rules and standards.[3] In Scotland, the function of the LSAs is provided by the Health Boards, which are arranged into three regions: the South East of Scotland, the West of Scotland and the North of Scotland.

3.2. Each Region has an appointed LSA Midwifery Officer (LSAMO) to carry out the LSA function. The LSAMOs are practising midwives with experience in statutory supervision and provide an essential point of contact for supervisors of midwives to consult for advice on aspects of supervision. Members of the public who seek help or support concerning the provision of midwifery care, can also contact the LSAMO directly. LSAMOs provide leadership, support and guidance on a range of matters including professional development. They also contribute to the wider NHS agenda by supporting public health and interprofessional activities at Health Board level.

3.3. The North of Scotland LSA Consortium[4] covers an area of about 20,870 square miles, and is approximately 66% of the Scottish land mass and 22% of the UK land mass.

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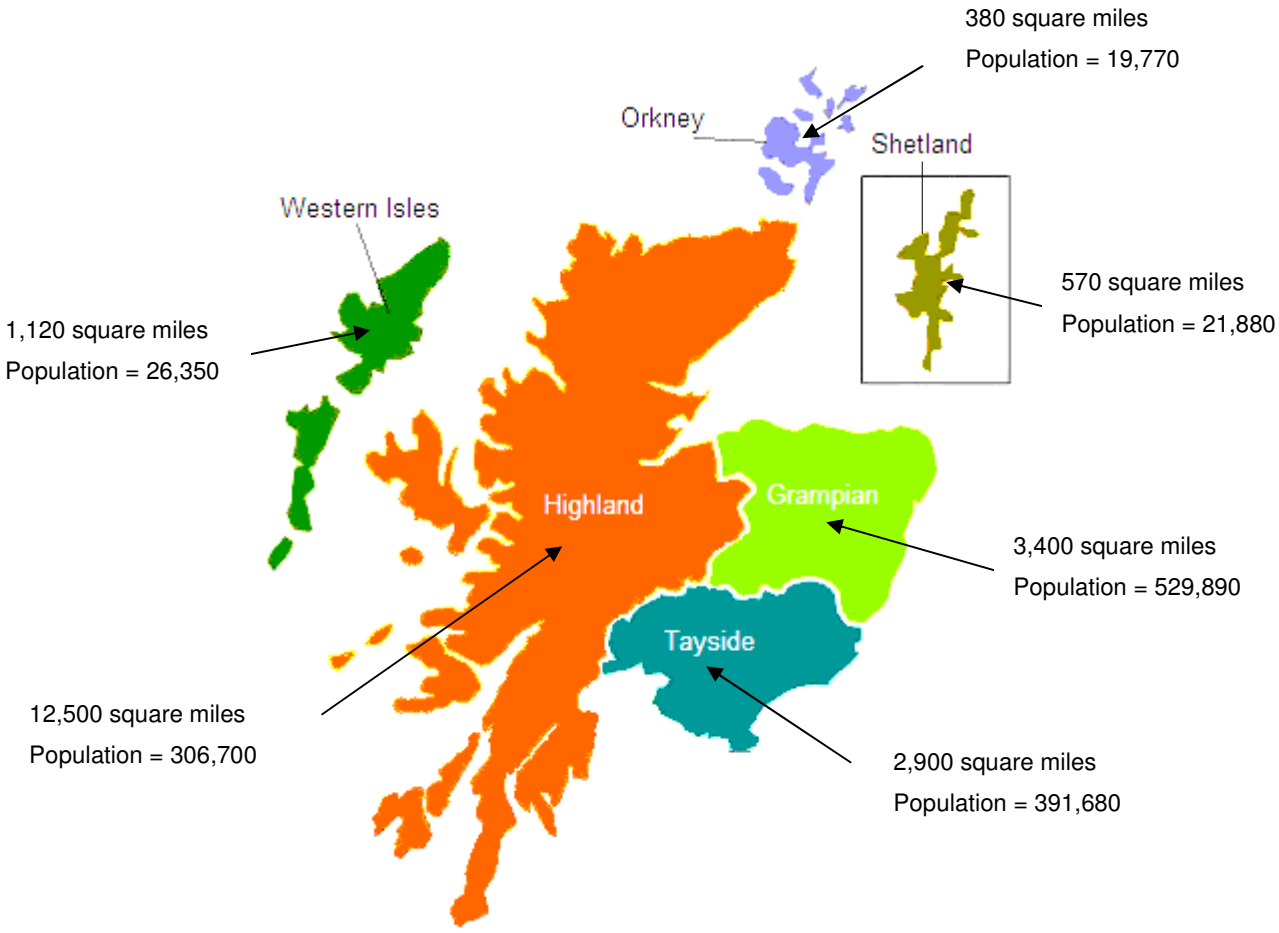
[2] *The Nursing and Midwifery Order.* SI 2002 No. 253. Available online @t http://www.opsi.gov.uk/si/si2002/20020253.htm

[3] NMC, *Midwives rules and standards*, London: NMC, 2004

[4] The North of Scotland LSA Consortium is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles



3.3.1. Grampian, which is situated in the northeast of the Scottish mainland, has a population of 529,890.[5] NHS Grampian consists of acute services and three Community Health Partnerships (CHPs) in Aberdeen, Aberdeenshire and Moray.

3.3.2. Highland comprises the largest and most sparsely populated part of the UK with all the attendant issues of a difficult terrain, rugged coastline, populated islands and a limited internal transport and communications infrastructure. During peak tourist seasons the population of Highland, which is 306,700, can double or even triple. NHS Highland consists of acute services and four CHPs.

3.3.3. Lying off the northeast coast of Scotland, between John O'Groats and the Shetland Isles, Orkney is an archipelago of over 70 islands, 17 of which are inhabited with most people living on Mainland, the main island. The total population of Orkney is 19,860[6]. NHS Orkney maintains close links with

[5] Note: all population statistics and data were sourced from the Scottish Public Health Observatory available online @ http://www.scotpho.org.uk/home/Comparativehealth/Profiles/chp_profiles.asp

[6] http://www.ohb.scot.nhs.uk/images/pdf/Orkney%20Population%20Change%20Executive%20Summaryv09.pdf

NHS Grampian for the provision of specialist services not available in Orkney.

3.3.4. Shetland is an archipelago of over 100 islands and islets of which 15 are inhabited. The southern tip of the Shetland mainland is about 100 miles (160km) from the nearest point on mainland Scotland. NHS Shetland maintains close links with NHS Grampian for the provision of specialist services not available in Shetland. The total population in Shetland is 21,880.

3.3.5. Tayside, which has a population of 391,680, is situated on the east coast of the Scottish mainland. NHS Tayside's principal health organisations are Tayside NHS Board comprising of the single delivery unit and three CHPs in Angus, Dundee and Perth & Kinross.

3.3.6. The Western Isles, also known as the Outer Hebrides, form a 160-mile long arc of islands some 30 miles off the north-west coast of Scotland. There are around 200 islands, but only 14 are inhabited. NHS Western Isles maintains close links with NHS Highland and other mainland boards for the provision of specialist services not available in the Western Isles. The population is 26350 with almost 30%, (approx 8,000) living within Stornoway or the immediate vicinity. The remaining population is scattered throughout approximately 280 townships.

3.4. Maternity services across the Consortium consist of :

3.4.1. A tertiary centre in Aberdeen Maternity Hospital, which services Grampian, Orkney and Shetland; In addition to providing acute services for the region, Aberdeen Maternity Hospital has a Midwife-led Unit for women in and around Aberdeen.

3.4.2. Consultant led maternity service in Ninewells Hospital Dundee, Raigmore Hospital Inverness, Dr Grays District General Hospital, Elgin; Caithness Hospital, Wick and the Western Isles Hospital Stornoway.

3.4.3. Two midwife led/ GP supported CMUs adjacent to non-obstetric hospitals located in the Balfour Hospital Orkney and the Gilbert Bain Hospital in Shetland.

3.4.4. Community Maternity Units (CMU) in Dundee, Perth, Montrose, Arbroath and Peterhead, and ten small CMUs[7] located in Aboyne, Banff,

[7] these small CMUs discharge women home approximately 6 hours after the birth of the baby as there is no capacity for women to stay longer as the unit is not staffed on a 24 hour basis

Fraserburgh Skye, Fort William, Oban, Dunoon, Rothesay, Lochgilphead and Campbeltown.

3.5. The Chief Executive Officers (CEO) for the North of Scotland LSA Consortium for the reporting year 2007-08 were:

3.5.1. NHS Grampian – Mr Richard Carey, Summerfield House, 2 Eday Road, Aberdeen.

3.5.2. NHS Highland – Dr Roger Gibbins, Assynt House, Beechwood Park, Inverness.

3.5.3. NHS Orkney – Mr David Piggott, New Scapa Road, Kirkwall, Orkney.

3.5.4. NHS Shetland – Miss Sandra Laurenson, Brevik House South Road Lerwick Shetland.

3.5.5. NHS Tayside – Professor Tony Wells, Kings Cross, Clepington Road, Dundee.

3.5.6. NHS Western Isles – Mr Gordon Jamieson 37 South Beach Street, Stornoway, Isle of Lewis.

3.6. The Regional LSA Midwifery Officer for the North of Scotland LSA Consortium is Mary Vance

Contact details - Telephone: 01463 706730
Mobile: 07884 265476
Email address: maryvance@nhs.net

3.6.1. Secretary to LSA Midwifery Officer - Christine Mudd

Contact details - Telephone: 01463 706732
Email address: christine.mudd@nhs.net

3.7. The Nursing and Midwifery Council (NMC) has a duty to monitor the LSAs in the UK to asses if they are meeting the standards specified in the Midwives rules and standards.[8] The annual local supervising authority report will help the Council to do this, and it is one opportunity for a local supervising authority to inform the NMC and the public on activities, key issues, good practice and trends affecting maternity services within its area.

[8] NMC *Midwives Rules and Standards*

3.8. This report is written in accordance with Rule 16 of the Nursing and Midwifery Council (NMC) Midwives rules and standards 2004 and guidance given by the NMC circular 01/2009 issued on 30 January 2009 (Appendix 1).

3.9. Initially the report will give a briefing on the NMC Risk Scores for 2006-2007, which resulted in NMC Reviews in two LSAs in the North of Scotland LSA Consortium during the reporting year 1st April 2008 - 31st March 2009.[9] The NMC Risk Scores for 2007-2008 will then be discussed. This will be followed by a progress report for 2008-2009 which will include but is not necessarily be limited to:

3.9.1. How the North of Scotland LSA Consortium ensures the report is available to the public.

3.9.2. The number of supervisors of midwives appointments, resignations and removals in the reporting year.

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

3.9.4. Details of how the practice of midwives is supervised.

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

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

3.9.7. Details of any new polices related to the supervision of midwives.

3.9.8. Evidence of developing trends that may impact on the clinical environment in which midwifery practice occurs.

3.9.9. Details of the number of complaints regarding the discharge of the supervisory function.

3.9.10. Reports on all local supervising authority investigations undertaken during the year.

[9] Western Isles - 29/9/08 - 1/10/08 & Grampian 4/11/08 - 5/11/08

4. The NMC Framework Risk Register

4.1. The NMC Framework Risk Register outlines the potential risks if the rules and standards for statutory supervision are not met. This is done by identifying the likelihood of a rule and or standard not being met and multiplying this by the consequence or impact of the perceived risk.[10] The scoring works on a 'Traffic Lights' system with green being low risk (1 - 8), amber medium risk (9 - 15) and red high risk (16 - 25); therefore the higher the perceived risk the higher the score. The maximum risk score that can be allocated through the risk register is 391.

4.2. For the first time in 2007, the NMC used the Framework Risk Register to carry out a risk assessment on the annual reports submitted by the LSAMOs. According to the NMC, this was done to assist them in deciding which LSAs should be reviewed using the Framework for Reviewing Local Supervising Authorities.[11]

4.3. In March 2008, the LSAMOs in the UK were presented with the individual risk profiles for the LSAs they represent (Chart 1). For the reporting period 2006 - 2007, the LSAs in the North of Scotland, submitted six separate reports to the NMC resulting in each LSA receiving an individual risk scores ranging from 161-193 (Chart 2).

[10] NMC, *Framework Risk Register,* London, NMC, 2007, available online @ http://www.nmc-uk.org/aArticle.aspx?ArticleID=2580

[11] NMC, *Framework for Reviewing Local Supervising Authorities*, London, NMC, 2007 available online @ http://www.nmc-uk.org/aArticle.aspx?ArticleID=2580

Chart 1: Range of LSA Risk Scores in the UK for 2006 - 2007

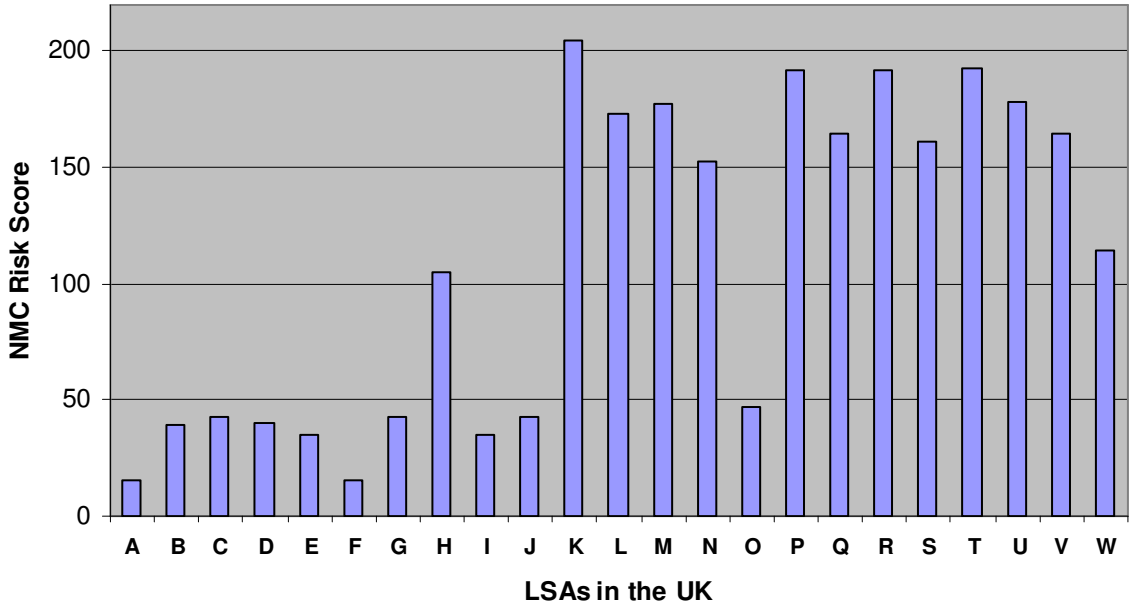
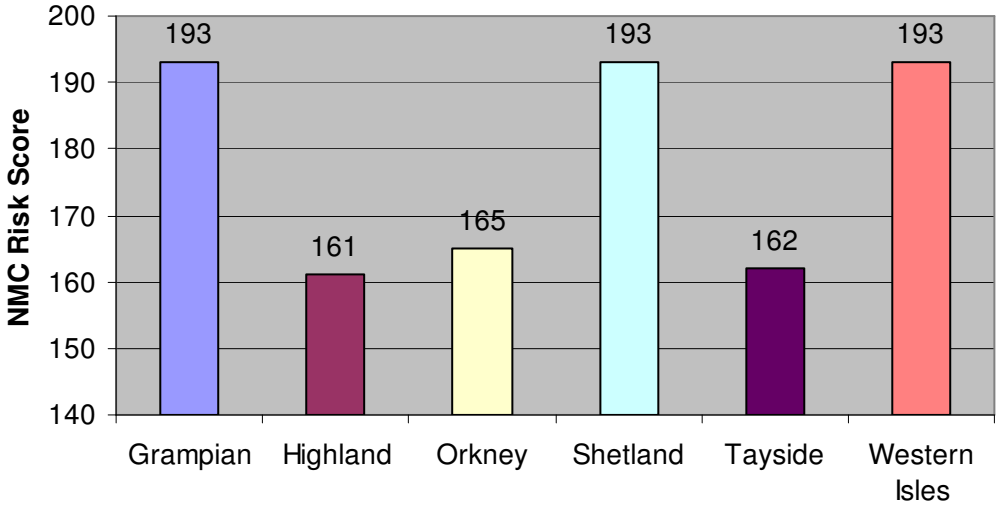


Chart 2: Risk Scores in the North of Scotland for 2006 - 2007



4.4. A number of actions were taken to assure the NMC that the standards associated with Rule 16 were being met within the North of Scotland LSA Consortium. They were as follows:

4.4.1. The establishment of a North of Scotland Supervisors Quality Improvement Group (SQIG) to:

- develop strategies to raise the profile of statutory supervision of midwives in the North of Scotland
- promote and developing Supervision of Midwives in the North of Scotland
- ensure that midwives in the North of Scotland are fully appraised of regulatory and statutory issues relevant to midwifery practice, education and supervision by NMC and cascaded via the supervisory structure
- inform, lead, influence and debate midwifery practice, education and supervisory issues within the North Scotland
- develop evidence based guidelines to promote women centred care
- provide a forum for reciprocal communication and sharing of experiences related to midwifery practice, education and statutory supervision across the North of Scotland
- provide a mechanism for collating supervisory response to documents which impact on the health and well being of childbearing women and their families, or maternity services
- promote and develop women focus and public involvement links
- develop women focused Supervision of Midwives posters for midwives and the public
- ensure Chief Executives, Nurse Directors and Professional Leads for Midwifery within the North of Scotland are appraised of issues relating to midwifery practice, education and statutory supervision

4.4.2. Annual audits of the LSAs in the North of Scotland to:

- review the evidence demonstrating that the Nursing & Midwifery Council (NMC) Standards for Supervision[12] are being met
- ensure that there are relevant systems and processes in place for the safety of mothers and babies
- ensure that midwifery practice is evidence-based, and practitioners are clinically competent

[12] NMC *Midwives rules and standards*.

- identify that midwives communicate effectively within the multidisciplinary team
- review the impact of supervision on midwifery practice
- provide feedback to local midwives and supervisors of midwives on the supervisory function in their region.

4.4.3. The development of a website for the North of Scotland LSA Consortium to publish

- annual reports to the NMC
- reports on the annual LSA audits
- complaints process
- LSA/ supervisory investigation procedures
- Supervisory policies and procedures

4.4.4. However, these measures were not fully reflected in the report to the NMC for the reporting period April 2007 - March 2008 as the current LSAMO did not come into post until 3 December 2007.

4.5. NMC Framework for Reviewing Local Supervising Authorities

4.5.1. The NMC has developed a framework for reviewing Local Supervising Authorities (LSAs).[13] The aim is to ensure that the rules and standards for statutory supervision of midwives and the function of the LSA are being met and to highlight any concerns around protection of the public.

4.5.2. As a direct result of the NMC analysis of reports[14] submitted for the practice year 2006-2007, a number of LSAs were identified as having significant risks that did not assure the NMC that the standards it sets for the LSA were being met. The five LSAs who had the highest risk scores were reviewed by the NMC during 2008-2009. One of the LSAs with the lowest risk score was also reviewed to test the framework. In the North of Scotland, two reviews were undertaken in the reporting year 2008 -2009 these were the Western Isles LSA and Grampian LSA. The Western Isles Review took place on 29th Sept - 1st October 2008 and the Grampian Review took place on 4th - 5th November 2008.[15] The NMC expects that

[13] NMC, *Framework for Reviewing Local Supervising Authorities*, London, NMC, 2007 available online @ http://www.nmc-uk.org/aArticle.aspx?ArticleID=2580

[14] Report to Council on the analysis of the 2006-07 Local Supervising Authority Annual Reports to the Nursing and Midwifery Council available online @ http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=4448

[15] The full report can be accessed online @ http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=5801

any recommendations arising from these reviews will have action taken by the LSA and reported in their annual report for 2008-09.

4.5.3. Both reviews in the North of Scotland achieved positive results in that the review panels acknowledged that significant changes and improvements had been made to the way the LSAs function

4.5.4. The review findings for each LSA are as follows:

- The Western Isles fully met 81% of the benchmarks, with 12% being partially met and 7% not met (Appendix 2).
- Grampian fully met 77% of the benchmarks, with 21% being partially met and 2% not met (Appendix 3).

4.5.5. Nevertheless in their reports[16] the NMC review panels made extensive recommendations to both LSAs around the following issues

- publications
- training and competency development
- supervisory records
- the framework for supervision
- women centred care & evidence based practice
- clinical governance structure

4.6. As required by the NMC review process[17] an action plan was developed, by the LSAMO in partnership with the Head of Midwifery/ Lead Midwife and Director of Nursing, of the respective LSA, which addresses these recommendations (see Appendices 4 & 5 for details and progress to date).

[16] The full reports can be accessed online @ http://www.nmc-uk.org/aArticle.aspx?ArticleID=2580

[17] NMC, *Framework for Reviewing Local Supervising Authorities*, op.cit at p9

5. NMC Risk Assessment of the 2007-2008 Annual LSA Report

5.1. With the formation of the North of Scotland LSA Consortium in Dec 2007 only one report was submitted to the NMC for the reporting year 2007-2008, consequently, only one risk score was received (Appendix 6). As can be seen the risk score for the North of Scotland has reduced significantly from a range of 161-193 to 85. This demonstrates good progress in the achievement of the NMC standards for statutory supervision in the North of Scotland LSA Consortium. However there are a number of issues that still need to be addressed, these have been highlighted in Table 1.

5.2. Chart 3 demonstrates the fluctuation in the NMC risk scores across the LSAs/ LSA Regions in the UK for the reporting years 2006-2007 and 2007-2008.[18] From the chart, it can be clearly seen that some scores have improved, some have remained static and some have increased. The fact that some risk scores have increased does not necessarily mean that the respective LSAs performance has declined, but that the clinical environment is becoming more complex. In its analysis of the LSA reports the NMC commends those LSAs who have been open about data and trends in their local area that affect the safety of women and babies using maternity services. Furthermore, the NMC highlight that the reports demonstrate that supervision of midwives is effective as a method of public protection as poor practice is identified and action taken with individuals and maternity services to support improvement. However, the NMC is concerned about the continuance of practice issues such as poor interpretation of the fetal heart rate and inappropriate communication and attitudes towards women or colleagues. According to the NMC, this may reflect a systemic problem for maternity service providers and employers as a result of inadequate midwifery staffing levels or lack of employer support for training and development of maternity care staff.

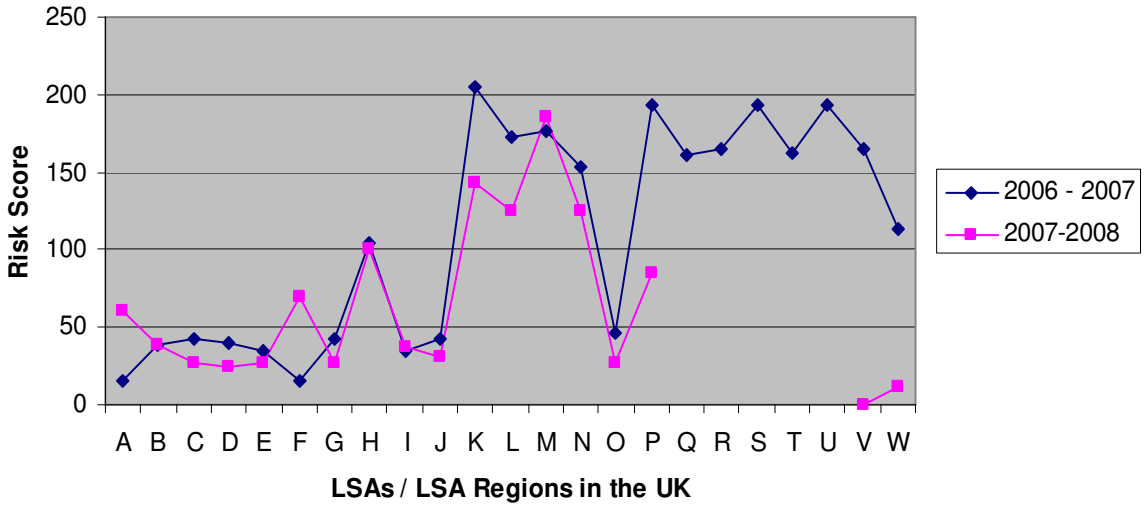
5.3. With the aforementioned in mind it is the aim of this report to demonstrate that the North of Scotland LSA Consortium is complying with the NMC standards for the statutory supervision of midwives and that the public is protected from poor midwifery practice.

[18] NOTE: there is no score recorded for the LSAs identified as Q, R, S, T, & U in 2007-2008 as there was only one report submitted for the North of Scotland for this period - the score is shown under the letter P

Table 1: North of Scotland LSA Consortium Risk Assessment for 2007-2008

Risk identified by the NMC	Comments/ action
Public User Involvement in supervision audits not described	Plans were in place to include service users in the LSA audits for 2008-2009 - this will be reported on in the current report.
Limited information or description provided on maternal death trends within LSA and interface with supervisory framework	Maternal deaths were reported on in the report however trends were not, this shortfall will be addressed within the current report.
Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission	NMC reviews took place as planned (see section 4 of this report). As of the date of this report the North of Scotland LSA Consortium is not currently under review.
No description of complaints process or number of complaints	No complaints were received however, a specific LSA complaints process was not in place - this has now been rectified.
High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers	There were no supervisory practice programmes in the reporting period 2006-2007.
Concerns regarding the function and performance of supervision within the LSA	NMC reviews took place as planned (see section 4 of this report). As of the date of this report, the North of Scotland LSA Consortium is not currently under review.

Chart 3: NMC Risk Scores for the UK 2006 - 2007 & 2007 - 2008



6. Standard 1: Each LSA will ensure their report is made available to the public

6.1. A range of methods is used to ensure that the annual LSA report to the NMC is available to the public.

6.1.1. Following sign-off by the respective CEOs, the report is sent electronically to the NMC for publication on the NMC Website.

6.1.2. An electronic version of the report is posted on the North of Scotland LSA Consortium Website

6.1.3. (http://www.midwiferysupervision-noslsa.scot.nhs.uk).

6.1.4. The report is presented to the Clinical Governance Committees of the respective Health Boards in the North of Scotland LSA Consortium ensuring that professional as well as lay members of the Boards are made aware of the content of the report.

6.1.5. Paper copies of the report are made available in each Maternity Unit and Health Board in the North of Scotland LSA Consortium.

6.1.6. The report will also be sent to key individual/ organisations e.g. Scottish Government Health Department Chief Nursing Officer, NHS Quality Improvement Scotland, NHS Education for Scotland, Royal College of Midwives, National Childbirth Trust, Higher Education Institutes within the LSA and all Supervisor of Midwives within the North of Scotland

7. Standard 2: Numbers of Supervisors of Midwives, appointments, resignations and removals

7.1. For the reporting year, 2008 - 2009 there were 93 appointed Supervisors of Midwives in the North of Scotland. Taking into account, the fact that six Supervisors of Midwives were on 'time out' during this period (Table 2) the overall ratio of supervisor to supervisee, on 31/03/09 was 1:12 (Table 3).

7.2. Midwives were encouraged by their Supervisor of Midwives to undertake the Preparation of Supervisor of Midwives (POSOM) Course, the result being that four midwives commenced the module 'Preparation of Supervisor of Midwives (Theory & Practice)' at the University of the West of Scotland in September 2008.

7.3. Four supervisors of midwives were appointed in 2008-2009 following successful completion of the POSOM course and three resigned. The reasons for the resignations varied form personal reasons to work pressure. The numbers of resignations was at its lowest in the reporting period however, the number of new supervisors being appointed is also at its lowest (Table 2).

7.4. No Supervisors of Midwives were removed from their role in 2008 - 2009. One Supervisor of Midwives was suspended from her role for a short period whilst an investigation into her clinical practice was undertaken. This investigation resulted in 'no case to answer', however the midwife has not returned to her role as a Supervisor of Midwives due to long-term sick leave.

7.5. The age profile of the Supervisor of Midwives in the North of Scotland LSA Consortium (Chart 4) demonstrates that 32% are aged 51 - 60 therefore; it is fully possible that in the next two to three years the Consortium could lose a significant proportion of experienced supervisors. For this reason, it is important that eligible midwives from across the North of Scotland are fully supported in putting themselves forward for training to ensure that there is sufficient Supervisors of Midwives in place to meet the NMC ratio of 1:15.[19]

Table 2: Supervisors of Midwives in post including appointments, resignations etc

	2005-2006	2006-2007	2007-2008	2008-2009
Number of SoMs	86	93	92	93
Taking time out	N/A	N/A	4	6
In Post on 31st March	86	93	88	87
Appointed	10	11	4	4
Resigned	6	4	5	3
Removed	0	0	0	0
Suspended from role for any time during the period	N/A	N/A	1	1
In training	N/A	N/A	4	5[20]
Nominated	N/A	N/A	7	6

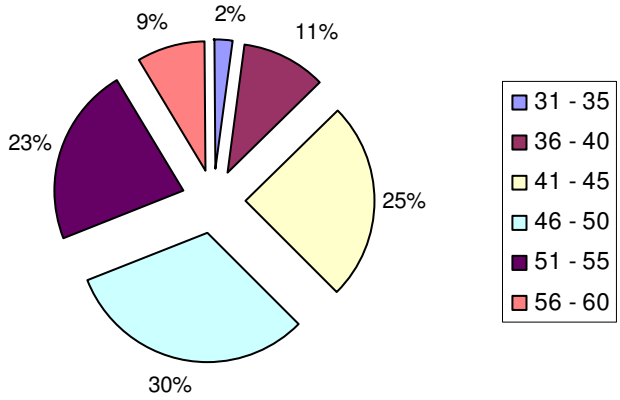
[19] NMC *Midwives rules and standards*

[20] One midwife from 2007-2008 who had not completed the course and four midwives from 2008-2009 who started the course in Sept 2008

Table 3: Ratio of supervisors of midwife to midwives[21] for 2008 - 2009

LSA	Supervisors of Midwives in post on 31/03/09	Number of Midwives by ITP[22]	Ratio
NHS Grampian	31	394	1:12
NHS Highland	28	290	1:10
NHS Orkney	3	13	1:4
NHS Shetland	2	20	1:10
NHS Tayside	20	301	1:15
NHS Western Isles	3	30	1:10
Total	**87**	**1048**	**1:12**

Chart 4: Age profile of Supervisors of Midwives in the North of Scotland



[21] This is calculated on the number of SoMs in post on 31/3/09

[22] Main place of practice

8. Standard 3: Details of how midwives are provided with continuous access to a Supervisor of Midwives

8.1. Newly appointed midwives, are temporarily allocated a supervisor until they are familiar with the service and get to know the Supervisors of Midwives in their area, following that they have the ability to transfer to a supervisor of their choice assuming that the supervisor they have chosen has the capacity to take them onto their caseload. Midwives already established in the area also have the opportunity to change their supervisor should they wish. The information on this is in the information pack given to them on appointment.

8.2. Supervisors contact details are provided through information leaflets in each locality; this information is reinforced to midwives at their annual review. In addition, midwives and the public are able to access the contact details of all supervisors of midwives practising in the North of Scotland through the LSA Consortium website http://www.midwiferysupervision-noslsa.scot.nhs.uk. Midwives access to their named Supervisor of Midwives has been verified through the LSA database that was implemented in July 2008.via information transferred from the Annual Intention to Practise Form. In addition, midwives have an opportunity to feedback about their experience of supervision during the annual LSA audits.

8.3. Access to a Supervisors of Midwives, in an emergency, is provided throughout the North of Scotland LSA Consortium via on call rotas and availability rotas. For example:

8.3.1. In Tayside, Aberdeen and Aberdeenshire, an 'availability' rota has commenced whereby midwives can contact a Supervisor of Midwives in an emergency. Midwives are advised that during the evenings, nights and weekends they can telephone front reception of AMH and ask the receptionist to contact the Supervisor of Midwives 'available' and give the Supervisor the Midwives contact details. The supervisor will then contact the midwife. This model follows the one in Highland, which has been in operation for a number of years.

8.3.2. In Orkney, Shetland and the Western Isles midwives access a supervisor through a 24 hour on call system. Information on the on call rota on notice boards in all areas of maternity provision.

8.4. Contingencies that are in place if a Supervisor of Midwives is not contactable include the maternity services bleep holder who would check the off-duty to see if a supervisor is on-duty or contacting the senior midwife on duty in the labour suite.

8.5. To date the LSA Consortium does not have any data on response times from supervisors of midwives to requests for advice from midwives and women in challenging situations however this will be included in the LSA Audits planned for Sept 2009 - March 2010. Nevertheless, the LSAMO is reassured through the LSA audit process that midwives are able to contact a supervisor timeously as and when required.

9. Standard 4: Details of how the practice of midwives is supervised

9.1. All midwives intending to practise in the North of Scotland notify their intention to practise (ITP) in accordance with the Midwives rules and standards.[23] Across the LSA Consortium, all ITPS for the practice year 01/04/09 to 31/03/10 were uploaded to the NMC via the LSA Database by the date and time notified.

9.2. Each midwife is invited to meet with her Supervisor of Midwives, on an annual basis to review her eligibility to practice, maintenance of registration and practice/ developmental needs. An action plan is agreed and record of the meeting logged onto the LSA database. In addition, supervisors use the following methods to monitor/ support the practice of midwives on an ongoing basis:

9.2.1. Audits to monitor the standard of record keeping with feedback to the midwives

9.2.2. Updating of skills on an annual basis e.g. obstetric emergencies, adult resuscitation, and neonatal resuscitation; in addition a number of Supervisors of Midwives are actively involved in the delivery of the Scottish Core Obstetric Teaching and Training in Emergencies (SCOTTIE) programme.

9.2.3. Face to face and telephone advice/ support as and when required as well as group meetings.

9.2.4. Informal discussions on the midwives caseload to establish the issues they have to deal with.

[23] NMC *Midwives rules and standards*.

9.2.5. Encouraging reflection on practice to aid learning and development

9.2.6. Cascading information on new policies/ procedures and risk management reports as well as interesting articles.

9.3. One challenge facing supervisors is the maintenance of skills of the dual and triple duty midwives who work in remote and rural areas of the North of Scotland (Table 4) as well as their ability to meet the NMC PREP requirements. In response to these concerns two student Supervisors of Midwives developed a tool that midwives could use to record their activities (Appendix 7).

9.4. For the reporting year, the LSAMO carried out audits in each maternity unit in the North of Scotland LSA Consortium (Appendix 8) using the National UK Standards tool[24] to assess compliance with the NMC standards for the statutory supervision of midwives.[25]

9.5. Preparation for the audit visit was achieved via a variety of tools e.g.

9.5.1. A self-audit which enables Supervisors of Midwives, to identify areas that need further development and assists them in the gathering of evidence in preparation for the audit visit

9.5.2. A Supervisor of Midwives self audit & Competency Framework Self Assessment Tool which helps Supervisors of Midwives, identify areas for development

9.5.3. A midwives questionnaire which gives midwives an opportunity to feedback on their experience of statutory supervision

9.5.4. A user questionnaire which gives women an opportunity to feedback on their experience of statutory supervision

9.5.5. Reports of all the audits undertaken are available on the LSA website at http://www.midwiferysupervision-noslsa.scot.nhs.uk/index_LSA_Audits.htm

9.5.6. For the period 2009 - 2010 the LSA audits will focus on progress made against the 2008 - 2009 audit reports.

[24] The audit tool is available online @ http://www.midwiferysupervision-noslsa.scot.nhs.uk/index_LSA_audit_documents.htm

[25] NMC *Midwives rules and standards*

Table 4: Numbers of dual and triple duty midwives

Health Board	Dual Duty		Triple Duty	
	2007	2008	2007	2008
NHS Grampian	1	1	0	0
NHS Highland	27	25	1	2
NHS Orkney	4	2	0	0
NHS Shetland	4	4	3	3
NHS Tayside	1	0	0	0
NHS Western Isles	4	4	0	0
Total	**41**	**36**	**4**	**5**

9.6. All appointed Supervisors of Midwives have access to a copy of the local guidelines for Supervisors of Midwives. The guidelines are reviewed on a regular basis and new ones formulated according to local requirements. They have access to the local guidelines as well as the National Guidelines (UK) guidelines,[26] through the LSA website.[27] The adoption of the UK guidelines has meant that Supervisors of Midwives in the North of Scotland are utilising the same guidance as supervisors in other LSAs in the UK.

9.7. A variety of methods are utilised across the Consortium to ensure good communication between the LSAMO and supervisors and between supervisors themselves e.g. supervisors forums, email, telephone, video conferencing.[28] Information is disseminated to midwives via a variety of forums e.g. midwives meetings, the distribution of newsletters and the SQIG[29]. Supervisors of Midwives also have access to the Consortiums LSA website.

[26] formulated by the National Forum (UK) of LSA Midwifery Officer

[27] http://www.midwiferysupervision-noslsa.scot.nhs.uk/index_Information_for_Supervisors_of_Midwives.htm

[28] this is invaluable for remote and rural areas

[29] this group is established from SoMs across the Region and has met and terms of reference have been agreed by the North of Scotland Nurse Directors Forum

9.8. Supervisory meetings during the reporting year offered supervisors and the LSAMO opportunities to discuss local and national issues. In addition, workshops were provided on the 5th and 20th March 2009 (Appendix 9) to enable Supervisors of Midwives to meet their PREP requirements for supervision.[30]

9.9. The Keeping Childbirth Natural & Dynamic (KCND) initiative is ongoing across the LSA Consortium to promote normality in pregnancy and childbirth and reduce unnecessary interventions

9.10. Across the Consortium, a working philosophy is in place, which promotes women and family centred care, enabling choice and decision making in individualised clinical care. Examples of where supervision has been involved in improving care to women or enhanced/ changed practice are listed below:

9.10.1. In Grampian, partnership working with the Supporting Aboyne Maternity Unit group has resulted in the production of a high quality information leaflet for all women accessing maternity services to support their decision-making about place of birth. In addition, supervisory involvement in the implementation of the 'Pushed for Time' multidisciplinary initiative optimises women's opportunity to have a spontaneous vaginal birth. This initiative introduces an algorithm for the management of second stage (moving away from previous arbitrary time limits and the use of 'active' pushing, which has been associated with poorer maternal and fetal outcomes. A Supervisor of Midwives is involved in the shared decision-making and care planning for women who are seeking care pathways that are not aligned with their clinical risk.

9.10.2. In Highland Supervisors of Midwives are involved in and supporting policy and practice including:

- Women, pregnancy and substance misuse guidance
- Domestic abuse
- Perinatal mental health guidelines
- Implementation of the Scottish Government initiative Getting it Right for Every Child (GIRFEC)
- Reviewing the midwife/ health visitor handover protocol
- Highlands Information Trail

[30] NMC *Midwives rules and standards* - op.cit @ Rule 11. London: NMC

9.11. Challenges that face supervisors across the LSA Consortium include lack of time out for supervision duties; lack of secretarial/ administration support; pressures on the supervisor to midwife ratio arise due to Supervisors of Midwives resigning with few midwives coming forward to undertake training; this is partly due to the distance/time midwives are required to travel to access such courses.[31] In a bid to address these issues, the LSA Consortium is undertaking the following actions:

9.11.1. The LSAMO is currently drafting a guideline on the 'Principles and Practice of Supervision of Midwives' to assist the LSAs and Supervisors of Midwives in the Consortium to meet their statutory duty. This paper will include guidance on issues such as protected time for Supervisors of Midwives.

9.11.2. Preliminary talks are in progress to explore the possibility of the University of the West of Scotland delivering a POSOM course in the North of Scotland.

10. Standard 5: Evidence that service users have been involved in monitoring supervision of midwives and assisting the LSAMO with the annual audits

10.1. Patient Focus and Public Involvement work is a priority for the Health Boards in the North of Scotland. In maternity services, this work is undertaken via a variety of methods, e.g. Maternity Service Liaison Committees (MSLC), labour ward forums and co-opting users onto short life working groups. Between 1st August 2006 & 1st August 2007, the MSLC in Moray undertook a survey of mums who gave birth in Dr. Gray's Maternity Unit. The report, which was published in May 2008, established that women were highly satisfied with their service, with an overwhelming majority rating their care as 'very good' or 'good'. The help and support from staff throughout the experience was particularly highly rated. In addition, 92% of women felt sufficiently involved in decisions about their care during labour and delivery.

10.2. During the LSA Audit cycle for 2008 - 2009, the audit team met with individual service users, user groups, focus groups and members of MSLCs. In addition, women across the Consortium were invited to complete a questionnaire on their knowledge and understanding of the statutory supervision of midwives. Service

[31] Particularly midwives from the Inverness area.

users also participated in the NMC reviews in the Western Isles and Grampian in 2008.

10.3. As yet service users have not been part of the audit team however, the LSAMO plans to explore this possibility for the future. Any involvement of service users in this context will include relevant training and support.

10.4. To further publicise the role and function of supervision and supervisors the SQIG is developing information posters that will be distributed widely around the LSA Consortium and incorporated into the documentation given to women using the maternity services (the final version awaiting publication can be seen in Appendix 10). In addition, the website for the North of Scotland LSA Consortium gives service users access to information on the statutory supervision of midwives as well as contact details of Supervisors of Midwives in their locality.

11. Standard 6: Evidence of engagement with Higher Education Institutions in relation to supervisory input into midwifery education

11.1. There are three HEIs providing pre and post registration midwifery education in the North of Scotland

11.1.1. The Robert Gordon University (RGU), Aberdeen

11.1.2. Dundee University, Dundee

11.1.3. Stirling University - Highland Campus, Inverness & Western Isles Campus, Stornoway

11.1.4. In addition, the supervisors of midwives working in Argyll & Bute have established good links with the University of the West of Scotland, Paisley.

11.2. During the reporting year, four of the appointed Supervisors of Midwives in the Consortium were employed as midwifery lecturers.[32] In addition, the Consortium has three Practice Educators for maternity services who are also supervisors of midwives.

11.3. The LSAMO and Supervisors of Midwives attend the curriculum planning groups and course management teams for undergraduate programmes. In addition,

[32] 2 in RGU, Aberdeen: 1 in Dundee University: 1 in Stirling University Campus, Stirling

supervisors of midwives, who are not lecturers, work closely with the midwifery educators in their locality. The effect of this is the promotion of dynamic education programmes heavily influenced by practice.

11.4. During 2009, Supervisors of Midwives and the LSAMO were involved in the redevelopment and revalidation of pre-registration midwifery programmes in Dundee University and Robert Gordon University respectively.

11.5. Supervisors of Midwives provide teaching sessions to student midwives, outlining the purpose and processes of supervision. Student midwives are introduced to the concept of the supervision early in their programme; subsequent sessions throughout their training build on this foundation to prepare student midwives for practice.

11.6. Information about the clinical learning environment for pre registration student midwives is discussed with the relevant HEIs at Programme Management team meetings, which both the LSAMO and Supervisors of Midwives attend. Other mechanisms in place include:

11.6.1. Clinical Learning Environment Teams (CLET) whose membership includes Practice Education Lecturers, Practice Development Midwives, Practice Education Facilitators, mentors and student midwives.

11.6.2. Meetings between the LSAMO and LMEs, email and telephone communication.

11.7. Robert Gordon University provides the only approved Return to Practice Programme for midwives in Scotland. Students who secure a place on the course have the support of a named Supervisor of Midwives, during their clinical experience and the final sign-off of their clinical competence.

11.8. There is not an approved education provider for the Preparation of Supervisors of Midwives (POSOM) in the North of Scotland LSA Consortium, as the numbers of students does not warrant this. Instead, students have the choice of attending Edinburgh Napier University or the University of the West of Scotland. Midwives who undertake the preparation programme are supported by a Supervisor of Midwives, in

their locality who meets the NMC requirements for a sign-off mentor.[33] Although the LSAMO for the North of Scotland has not participated in the delivery of the preparation programmes, the respective LSAMOs from the HEIs locality have. Discussions are underway to involve the LSAMO from the North of Scotland in the future.

11.9. The LME in both Edinburgh University and the University of the West of Scotland send the LSAMO notification of students who have successfully completed the course. To date there have been no students who have failed the course however there is one student who has not completed the course.

11.10. The POSOM courses provided by Edinburgh Napier and the University of the West of Scotland have been through a rigorous validation process. LSAMOs and Supervisors of Midwives are heavily involved in the delivery of the course; midwives are supported by an experienced Supervisor of Midwives from their LSA who is also a sign-off mentor in addition the assessment process is rigorous. Therefore, when a midwife successfully completes the preparation course, the LSAMO is confident that the midwife is competent to undertake the role of Supervisor of Midwives. Nevertheless the newly appointed supervisor is given a period of preceptorship during which time she continues to be supported by her mentor. She will also have a reduced caseload for the first year in post. In addition to the continued support through preceptorship, the supervisors have open access to the LSAMO and they are offered a one to one meeting within six months of appointment to enable the LSAMO to assess progress.

12. Standard 7: Details of any new policies related to the supervision of midwives

12.1. On a national level the LSAMO, as a member of the LSAMO Forum UK, has participated in the development of the following national guidelines for Supervisors of Midwives

12.1.1. Role of the Contact Supervisor of Midwives

[33] NMC *Standards to support learning and assessment in practice NMC standards for mentors, practice teachers and teachers*. London: NMC 2008

12.1.2. Guidance for Supervisors of Midwives on suspension of a midwife from practice

12.1.3. Guidance for investigation of a midwife's fitness to practise

12.1.4. Process of appeal, against a decision to suspend a midwife from practice, by the LSA

12.2. These guidelines are available to all Supervisors of Midwives in the UK through the LSA Midwifery Officers' Forum (UK) website www.midwife.org.uk.

12.3. On a North of Scotland level, the LSAMO chairs the Supervisors Quality Improvement Group (SQIG), which aims to ensure that any future policy/ guideline development is reflective of the needs of midwives practising in the North of Scotland. The group membership consists of the LSAMO and Supervisors of Midwives from each Health Board in the North of Scotland.[34]

12.3.1. Guidelines developed by the SQIG in 2008-2009 are as follows:

12.3.2. Maternal Death: Guidelines for Supervisors of Midwives (Dec 2008)

12.3.3. Reporting & Monitoring of Serious Incidents & Events Process of Investigation & Reporting to the LSA: Guidelines for Supervisors of Midwives (to be finalised May 2009)

12.4. These guidelines are available to Supervisors of Midwives and midwives practising in the North of Scotland via the LSA Consortium website www.midwiferysupervision-noslsa.scot.nhs.uk.

13. Standard 8: Evidence of developing trends affecting midwifery practice in the LSA Consortium

13.1. The public health profile of the Consortium varies considerably for instance in Aberdeen the percentage of the population who are of working age is the fourth highest in Scotland, and the percentage aged 0-15 is the third lowest, and the area has a 2.9% ethnic minority population, which is significantly higher than the Scottish average (2.0%). Whereas in Aberdeenshire and Moray, the percentage of the population who are of working age is lower than the Scotland average. The two

[34] Terms of reference of the group as well as agendas and minutes of meetings held are available on @ http://www.midiwferysupervision-noslsa.scot.nhs.uk.

areas have a 0.7 - 0.9% ethnic minority population,[35] which is significantly lower than the Scottish average (2.0%). Life expectancies for males and females in Grampian are the third highest in Scotland, and have been rising steadily over time; population projections show that by the year 2012 Grampian will have proportionately fewer young and middle-aged residents and more elderly than nationally. This has clear implications for health care provision however; mortality rates for the five main causes of death are consistently lower in Grampian than Scotland.

13.2. The percentage of the resident population in Highland who are of working age is significantly lower than the Scottish average. However, male and female life expectancies are better than the Scottish average. Overall, the mortality rates from all causes (all ages) and heart disease (under-75s) are significantly better than the Scottish average. However in the North Highland CHP the mortality rates from all causes (all ages), and heart disease, cancer and stroke (under-75s), all appear slightly better than the Scottish average, but are not significantly lower. NHS Highland has a 0.6 - 1.0% ethnic minority population, which is significantly lower than the Scottish average (2.0%).

13.3. The population of Orkney is relatively elderly, and the percentage of the total population who are of working age is significantly below the Scottish average. Male and female life expectancies are better than the Scottish average, with Orkney having the highest female life expectancy in Scotland. Ethnic minority groups make up just 0.4% of the population. All-cause mortality (all ages) is significantly better (lower) than the Scottish average. Mortality rates from heart disease, cancer and stroke (under-75s) are better than average but not significantly so.

13.4. Unlike Orkney, the population in Shetland is relatively young with 20.2% of the total population being aged less than 16 years (Scotland 18.0%). Male and female life expectancies are better than the Scottish average, but only significantly better in the case of females. The area has a 1.1% ethnic minority population, which is significantly lower than the Scotland average (2.0%). All-cause mortality (all ages), and the mortality rate from heart disease (under-75s), are significantly better than the Scottish average.

[35] Note: all ethnic minority data was sourced from the 2001 Census, Scotland

13.5. The percentage of the population in Tayside, who are of working age, and the percentage aged 0-15, are both lower than the Scotland average. The percentage of the population aged 65 and over is higher than average. In Dundee, the male and female life expectancies are significantly worse than the Scotland average and there is a 3.7% ethnic minority population, which is significantly higher than the Scotland average (2.0%). All-cause mortality (all ages), and cancer mortality (under-75s) in Tayside are significantly lower than the Scotland average. However in Angus and Perth & Kinross the male and female life expectancy is significantly better than the Scottish average and the ethnic minority population is approximately 0.8 - 1.0%. All-cause mortality (all ages), and the mortality rate from heart disease (under-75s), are significantly better than Scotland.

13.6. In the Western Isles the percentage of the population who are of working age is the lowest in Scotland, and the percentage aged 65 and over is the second highest. Male life expectancy is significantly worse than average, and female life expectancy is not significantly different to Scotland. The area has a 0.6% ethnic minority population. All-cause mortality (all ages), and mortality rates from heart disease, cancer and stroke (under-75s), are not significantly different to the Scotland average.

13.7. Across the North of Scotland, there are a significant number of pregnant substance misusers and work is ongoing to support this group of vulnerable women with drug and alcohol specialist midwives in post

13.8. There are an increasing number of eastern European workers of childbearing age settling in the North of Scotland. As the women do not necessarily speak English, there are issues around all aspects of communication, but more particularly around informed consent. In addition, their expectations of maternity services can differ from those of the local population as they are used to being seen by doctors rather than midwives. In Aberdeen, there are also a significant number of Nigerian women related to oil industry work and education. Although these issues are comparable to other areas in the UK, they are compounded by the large sparsely populated geographical area.

13.9. Supervisors and midwives are involved in the Keeping Childbirth Natural and Dynamic (KCND) programme. The programme aims to maximise opportunities for

women to have as natural a birth experience as possible through evidence based care, reducing unnecessary interventions and ensuring informed choice.

13.10. Breast feeding promotion continues with maternity services working towards targets to increase the number of women breast-feeding in the North of Scotland (Table 5). Some units have had Baby Friendly Status for a number of years while many units have recently achieved certificates of commitment from UNICEF and are working hard to achieve Baby Friendly status.

Table 5: Breast Feeding Rates for 2007-2008

Health Board	% initiating breastfeeding[36]	% breastfeeding on discharge to Health Visitor
Grampian[37]	65 %	52 %
Highland	62 %	51 %
Orkney	79 %	76 %
Shetland	83 %	N/A
Tayside	67 %	53 %
Western Isles	67 %	50 %

13.11. The total number of births in the North of Scotland for 2008 was 14,381, an increase of 814 from 2007 and 2,359 from 2005 (Table 6). This figure is almost 4,000 more than the births projected by the General Register Office Scotland (Table 7). If this growth in the delivery rate is sustained in the long term, the midwifery workforce will need to be reviewed and increased.

13.12. The whole time equivalent (wte) of midwives employed in the North of Scotland equals 607.94 giving an overall ratio of midwives to births in 2008 as 1:24 with individual Health Boards ratios ranging from 1:14 - 1:28 (Table 8). Chart 5 demonstrates that there has been very little change in the ratios of WTE to births from 2007 to 2008, apart from Shetland, which has experienced an increase from a ratio of 1:11 to one of 1:16. Nevertheless, this is still well below the Royal College of Midwives recommended minimum ratio of 1 midwife per 28 births per year

[36] % of total women birthed

[37] NOTE: Data was not provided for all the maternity services in Grampian

(Appendix 11). However when the Health Board ratios are broken down into individual maternity units the ratios for the larger maternity units increase significantly with ratios being as high as 1:34 (Table 9).

13.13. Although the midwives to births ratio is high in some units there have been no unit closures in the North of Scotland and the numbers of serious untoward incidents (SUIs) remains low. Currently there is not a locally agreed serious incident escalation policy for maternity services in the North of Scotland as to date there has not been a need for one. The LSAMO will continue to monitor the midwives to births ratio and SUIs ensuring that CEOs and Directors of Nursing are appropriately appraised of the situation.

13.14. BirthRate Plus was undertaken throughout Scotland in 2007-2008 however as yet the findings have not been published. In NHS Scotland, workforce information is captured through the Scottish Workforce Information Standard System (SWISS) - Workforce Information Repository. The aim of the SWISS project is to develop a workforce information system to support the needs of NHS Scotland, linking Human Resources, Payroll and other systems including finance.

13.15. Clinical activity in maternity services is unpredictable. Managing peaks of activity is challenging, whilst maintaining safety and protection of women and an environment that is conducive to learning. Supervisor of Midwives work with managers to ensure flexibility in the workforce to reduce any impact on the quality of care provided.

13.16. Although the numbers of obstetric interventions has increased by 761 (Table 10) from 2005 - 2008 the overall percentage of interventions to total numbers of deliveries has decreased by 1% (Table 11). This decrease in the percentage of obstetric interventions to total number of deliveries is encouraging. It is also encouraging to see that the numbers of deliveries in midwifery led units continues to increase whilst the home birth numbers remain stable (Table 6).

13.17. As can be seen from Table 6 the numbers of babies born before arrival (BBA) of a midwife appears to be continuing to increase. However, the LSAMO has established that in Tayside data is being collected differently from anywhere else in the North of Scotland. What is being recorded in Tayside is the number of women delivering before arriving at their ‘intended’ place of delivery and not that they are delivering

without the support of a midwife. Therefore, it is reasonable to assume that a number of the BBAs are actually unplanned home confinements.

Table 6: Number of births in the North of Scotland

Place of birth	2005	2006	2007	2008
births in hospital	10129	10359	11095	11842
births in MW unit/ CMU	1785[38]	2493[39]	2264	2337
home birth	106	115[40]	134[41]	132
unplanned home birth	0	7	10	17
born before arrival	2	51	64	71
Total	**12,022**	**13,025**	**13,567**	**14,381**

Table 7: Projected births, mid-year to mid-year[42]

Health Board	2007-08	2012-13	2017-18
Grampian	4,700	4,477	4,450
Highland[43]	1,802	1,701	1,674
Orkney	135	117	106
Shetland	230	234	239
Tayside	3,402	3,267	3,205
Western Isles	192	164	132
Total	**10,461**	**9,960**	**9,806**

[38] NOTE: figure corrected from the 2007-2008 annual report

[39] NOTE: figure corrected from the 2007-2008 annual report

[40] NOTE: figure corrected from 2007-2008 annual report

[41] NOTE: figure corrected from the 2007-2008 annual report

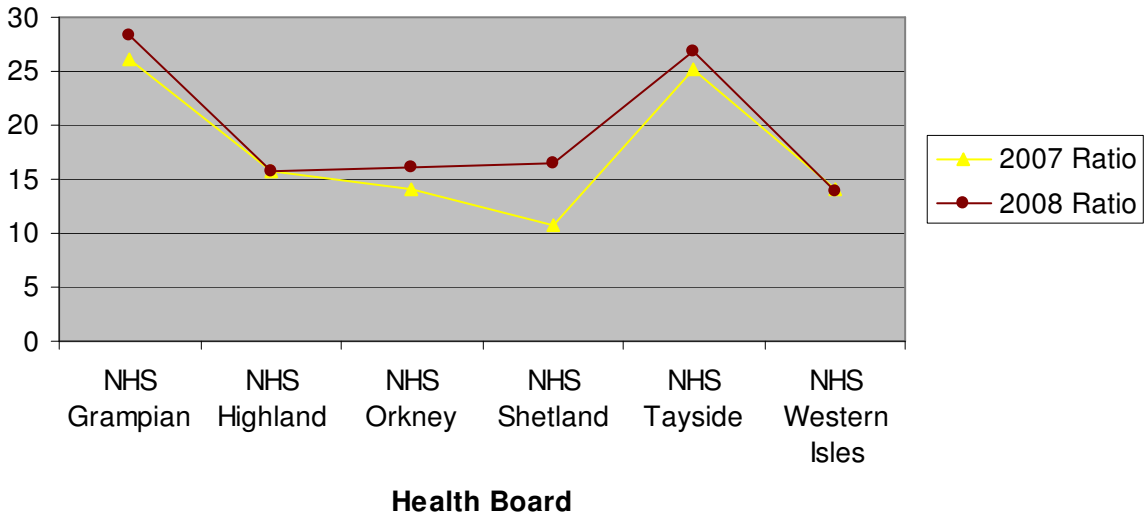
[42] Statistics from the General Register Office Scotland available online @ http://www.gro-scotland.gov.uk/files/04t2-8.pdf

[43] NOTE: these figures do not include Argyll and Bute

Table 8: Midwife to Birth Ratio[44]

Health Board	2007			2008		
	WTE	Births	Ratio	WTE	Births	Ratio
NHS Grampian	234.34	6101	1:26	225.41	6382	1:28
NHS Highland	151.53	2384[45]	1:16	166	2607[46]	1:16
NHS Orkney	9.20	129[47]	1:14	9.41	152[48]	1:16
NHS Shetland	14.20	152[49]	1:11	9.6	158[50]	1:16
NHS Tayside	181	4575	1:25	181.5	4860	1:27
NHS Western Isles	16.02	226[51]	1:14	16.02	222[52]	1:14
Total	**606.29**	**13567**	**1:22**	**607.94**	**14381**	**1:24**

Chart 5: Comparison of Ratios of WTE to Births, for 2007 & 2008



[44] NOTE: WTE does not include dual/ triple duty midwives

[45] Data for Oban, Lorne & the Isles not available

[46] Does not include 395 women receiving antenatal and postnatal care in Argyll & Bute who gave birth in another Health Board

[47] Does not include 62 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

[48] Does not include 70 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

[49] Does not include 105 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

[50] Does not include 94 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

[51] Does not include 31 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

[52] Does not include 62 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

Table 9: Maternity Units Midwives to Birth Ratio

Health Board	Area	2008		
		WTE	Births	Ratio
NHS Grampian[53]	Aberdeen	143.2	4869	1:34
	Elgin	40.84	1139	1:28
	Aboyne	6.9	71	1:10
	Banff	4.8	15	1:3
	Fraserburgh	6.4	36	1:6
	Peterhead	6.75	172	1:25
NHS Highland	Inverness	71.4	2137	1:30
	Argyll & Bute	31.59	123	1:4
	Mid Highland	23.3	92	1:4
	Caithness	19.08	248	1:13
NHS Orkney		9.41	152[54]	1:16
NHS Shetland		9.6	158[55]	1:16
NHS Tayside	Dundee	131	4073	1:31
	Arbroath	9.9	183	1:18
	Montrose	9.9	221	1:22
	Perth	29	294	1:10
NHS Western Isles		16.02	222[56]	1:14

[53] Does not include home births

[54] Does not include 70 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

[55] Does not include 94 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

[56] Does not include 62 women receiving antenatal and postnatal care in this service who gave birth in another Health Board

Table 10: Trends in obstetric interventions for the North of Scotland 2005 - 2008

Obstetric intervention	2005	2006	2007	2008
elective CS	1235	1347	1446	1477
emergency CS	1828	1924	1822	1983
forceps	913	1072	1180	1308
forceps by midwives	0	0	89	23
ventouse	752	694	678	621
ventouse by midwives	0	0	49	77
total	**4728**	**5037**	**5264**	**5489**

Table 11: Percentage of obstetric interventions 2005 - 2008

	2005	2006	2007	2008
Total deliveries	12022	13025	13567	14381
Obstetric interventions	4728	5037	5264	5489
% of interventions	**39%**	**39%**	**39%**	**38%**

13.18. Remoteness presents particular challenges for the provision of maternity care and innovative ways to accommodate and support pregnant, labouring and postnatal women in remote parts of Scotland must be considered. Therefore, as a minimum, a midwife led service is proposed as the most appropriate model in remote and rural areas.[57]

13.19. The re-design of maternity services in Aberdeenshire, included the permanent closure of Huntly Community Maternity Unit (CMU) and the change of services in

[57] Remote and Rural Steering Group, *Delivering for Remote and Rural Healthcare.* Edinburgh, NHS Scotland, 2007

Aboyne, Banff and Fraserburgh from CMUs to Birth Units is currently under evaluation with the involvement of a Supervisor of Midwives. The interim report would suggest that births in these units have optimal outcomes and that they provide a valuable service for women of all risk characteristics who are too far advanced in labour to travel to a Consultant Unit

13.20. There were three maternal deaths in two separate Health Boards during the reporting period all of which were indirect deaths. Although the numbers are extremely low, the increasing number of indirect maternal deaths (Table 12) does highlight the importance of providing coordinated multidisciplinary care for women with inter-current medical or psychiatric conditions.

13.21. Since 2005, there has been an increase in stillbirths and neonatal deaths by 34 and 14 respectively, (Table 12). This appears concerning but compared to the total births in the North of Scotland the percentage of stillbirths and neonatal deaths in 2008 amounts to 0.6% and 0.2% respectively.

13.22. Maternal and perinatal mortality rates in the North of Scotland appear to be commensurate with Scottish trends; nevertheless, due to the relative early stages of implementation of a formal process of supervisory investigation and reporting, there is insufficient data to undertake a trend analysis.

Table 12: Trends in Maternal and Perinatal Mortality for the North of Scotland

	2005	2006	2007	2008
Maternal Deaths - Direct[58]	N/A	N/A	2	0
- Indirect[59]	N/A	1	1	3
Still Births	48	64	74	82
Neonatal Deaths	12	11	23	26

[58] A direct death is a death during pregnancy or within 42 days of delivery, termination or abortion resulting from obstetric complications of the pregnant state (pregnancy, labour and puerperium), from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above e.g. thrombosis.

[59] An indirect death is a death during pregnancy or within 42 days of delivery, termination or abortion resulting from previous existing disease, or disease that developed during pregnancy and which was not due to obstetric causes, but which was aggravated by the physiological effects of pregnancy e.g. cardiac disease. These deaths include cases of self-harm as a consequence of postnatal depression.

13.23. The North of Scotland LSA Consortium collects the clinical information discussed in this section of the report annually. At the end of the financial year, the LSAMO sends out a data collection form (Appendix 12) to the Head of Midwifery/ senior midwife[60] for each Health Board. The LSAMO then collates the statistics onto an excel spreadsheet, which means that comparison with previous years is possible. The form is revised annually to address specific requirements from the NMC and following feedback form Supervisors of Midwives. In addition, a reporting template is sent to each Supervisor of Midwives Forum (Appendix 13) so that the LSAMO can be fully informed of activities, developments and challenges in the LSA.

14. Standard 9: Details of the number of complaints regarding the discharge of the supervisory function

14.1. Should a midwife, a service user or a member of the public have cause to complain about the discharge of the supervisory function in the North of Scotland LSA Consortium there are a number of routes they can take e.g.

14.1.1. They can make their complaint known to the relevant Health Board using the complaints procedures advertised within the maternity services as well as on the Health Boards websites.

14.1.2. They can complain to the relevant LSA, either through the LSAMO or the CEO. Contact details for the CEO are available through the relevant Health Boards website and the contact details for the LSAMO are available through the North of Scotland LSA Consortium website.

14.1.3. They can complain directly to the NMC.

14.2. The complaints process is available online @ http://www.midwiferysupervision-noslsa.scot.nhs.uk/index_Complaints.htm

14.3. In the reporting period there were no recorded complaints regarding the discharge of the supervisory function received in any of the Health Board areas within the North of Scotland LSA Consortium. In addition, there were no complaints lodged about the performance of any of the Supervisors of Midwives or the LSAMO.

[60] all of whom are currently Supervisors of Midwives

15. Standard 10: Reports on all LSA investigations undertaken during the year

15.1. Supervisors of Midwives practising in the North of Scotland inform the LSAMO of serious untoward incidents following the guidance set out in the document Reporting & Monitoring of Serious Incidents & Events Process of Investigation & Reporting to the LSA: Guidelines for Supervisors of Midwives. In addition the local 'Cause for Concern' process assists supervisors in dealing with competence/ misconduct issues that raise cause for concern but do not amount to a SUI (available online @ http://www.midwiferysupervision-noslsa.scot.nhs.uk).

15.2. From 1st April 2008 - 31st March 2009, five reported serious untoward incidents resulted in an investigation being undertaken by a supervisor of midwives. No further action was recommended in four cases and developmental support was indicated in one case, which was completed successfully.

15.3. One potential misconduct case that was investigated during the reporting period related to a midwife failing to meet the NMC PREP requirements. This investigation resulted in the midwife lapsing her registration with the understanding that should she return to the register she would be required to undertake a Return to Practice Programme. This decision was taken following advice and guidance from the midwifery department at the NMC.

15.4. Four 'Cause for Concern' issues that came to the attention of Supervisors of Midwives during the reporting period instigated a supervisory investigation. Three issues resulted in no further action where the fourth led to a period of developmental support for the midwife concerned. As this midwife was less than a year qualified the Lead Midwife for Education at the university where she undertook her training was briefed on the concerns raised.

15.5. All investigations undertaken by Supervisors of Midwives were notified to the LSAMO who reviewed and agreed recommendations made in the reports. Learning from the investigations is shared with other Supervisors of Midwives through the supervisory forums across the North of Scotland as well as with relevant service managers.

15.6. No investigations were undertaken by the LSAMO during the reporting year however, the LSAMO did undertake a review of the records of an independent midwife following concerns raised by a Supervisor of Midwives. The review resulted in no case to answer. In addition, the LSAMO gave guidance and support following a request for information from the Ombudsman following a complaint from a member of the public. As part of this guidance and support, the LSAMO asked two experienced Supervisors of Midwives to review cardiotocograph tracings. The result of the Ombudsman's investigation is not known as yet Furthermore no supervisory investigations were undertaken by an external Supervisor of Midwives or LSAMO commissioned by the LSA in the reporting year.

15.7. There were no supervised practice programmes undertaken in the North of Scotland LSA Consortium or referrals to the NMC during the reporting year.

15.8. The LSAMO has good communication links with the midwifery team at the NMC and does not hesitate to contact the NMC for advice/ support in relation to matters of concern regarding midwifery practice.

16. Conclusion

16.1. The 1st April 2008 - 31st March 2009 has been both a challenging and a rewarding period for the LSAMO and the Supervisors of Midwives in the North of Scotland LSA Consortium.

16.1.1. It was challenging because of the introduction of a new audit process to assess supervisory achievement against the NMC standards for statutory supervision and the NMC Reviews undertaken in the Western Isles and Grampian.

16.1.2. It has been rewarding because of the number of initiatives, as highlighted throughout this report, that have been developed and implemented, all of which enhance the public protection role of Statutory Supervision.

16.2. Overall, the Supervisors of Midwives throughout the North of Scotland have demonstrated a commitment to ensuring the profile of statutory supervision is raised within the maternity services and amongst the women and families of those accessing maternity services. This has been against a backdrop of services that are experiencing a rising birth rate, an increasing number of obstetric interventions, an increasing number of eastern European workers of childbearing age and a significant number of pregnant substance misusers. At the same time, they are striving to implement government policy, optimise normality and choice in childbirth whilst minimising risk.

16.3. Through the midwives questionnaires, used during the LSA audits, practising midwives within the North of Scotland have highlighted that Supervisors of Midwives are good role models who are accessible and supportive.

16.4. The challenge for the next reporting year is to continue to audit and monitor practice whilst providing opportunities for learning and professional development of all Supervisors of Midwives.

17. Appendices

17.1. Appendix 1: NMC Circular 01/2009

NMC circular	01/2009
Issue date	30 January 2009
Review date	January 2010
Replaces circular	New
Category	Midwifery
Status	Action

Nursing & Midwifery Council

Guidance for Local Supervising Authorities' annual report submission to the Nursing & Midwifery Council for practice year 1 April 2008 – 31 March 2009

Summary

This circular

- relates to Rule 16 of the *Midwives rules and standards* (NMC 2004) requiring that each year the Local Supervising Authority (LSA) shall submit a written report to the Nursing & Midwifery Council (NMC)
- provides guidance to LSAs on the required content for their annual reports to the NMC for practice year 1 April 2008 to 31 March 2009.

For action by:

- Chief Executive of Local Supervising Authorities
- Local Supervising Authority Midwifery Officers

For information to:

- Departments of Health
- relevant inspecting organisations

All LSA must submit an annual report relating to how they meet the required standards for supervision of midwives and safety of women and babies using maternity services in their area.

The deadline for submission of these reports is the 30 September 2009. Any reports submitted after that date will automatically raise the risk profile of the relevant LSA as their data will not be included in the analysis.

Consortia of LSAs should submit one report for the consortium that clearly identifies any differences between the participating LSAs.

The NMC report "Supervision, Support and Safety" (December 2008), contains the submissions for the practice year ending 31 March 2008. Copies of this report have been sent to all LSAs, providers and commissioners of maternity services in the UK, service user representative organisations, relevant inspecting organisations and departments of health.

For more information contact Christina Mckenzie, Head of Midwifery
020 7333 6549 I christina.mckenzie@nmc-uk.org

The NMC expects LSAs to include evidence of action plans and progress against meeting outstanding recommendations from previous reports. All LSA reports will be published on the NMC website.

Any queries on the content of this circular should be made to the Midwifery Department via Christina.mckenzie@nmc-uk.org

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- This circular may be reproduced by all to whom it is addressed.

This circular has been issued by

Graham Smith
Interim Chief Executive and Registrar
Nursing & Midwifery Council

Guidance related to Rule 16 – Annual Report on practice year ending 31 March 2009

Thank you for providing your annual report on supervision of midwifery to the NMC.

Please provide the following information against these standards to support your report.

1 Each local supervising authority (LSA) will ensure their report is made available to the public

Details of how and when your LSA makes the report available and accessible to the general public and key organisations.

2 Numbers of supervisors of midwives appointments, resignations and removals

Please include data for the preceding three years and provide a summary of any trends and action plans if any risks have been identified.

- total of supervisors working in your LSA
- total of midwives working in your LSA
- new appointments
- resignations
- removals
- ratio of midwives to supervisors of midwives across your LSA.
- ratio of midwives to supervisors for each maternity service as of 31 March 2009
- information about your recruitment strategy to ensure you have sufficient and sustainable numbers for the future
- supervisors of midwives who are suspended from their role for any period.
- supervisors of midwives removed from their role
- reasons for suspensions or removals.

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

How do midwives:

- contact their named supervisor of midwives?
- contact a supervisor of midwives in an emergency?
- what are your contingencies if one is not contactable?

Please provide evidence of how access to a supervisor of midwives is audited in your LSA including:

- continuous access to a supervisor of midwives
- response times from supervisors of midwives to requests for advice from midwives in challenging situations
- response times from supervisors of midwives to requests for advice from women in challenging situations
- outcomes and action plans resulting from these audits.

4 Details of how the practice of midwives is supervised

How does the supervisory function work and what processes are in place for the effective supervision of midwives? This includes:

- methods of communication with supervisors of midwives
- mechanisms to disseminate information
- mechanisms to ensure consistency when carrying out supervisory functions.
- evidence about how your LSA has improved care to women or enhanced and supported the practice of midwives.
- information on any challenges that impede effective supervision
- how are these challenges being addressed?
- progress towards an electronic method of storing supervision related data.

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

- service user involvement in the supervision of midwives
- progress against action plans to improve service user involvement
- evidence of service users assisting with the annual audits of practice
- training provided to service users involved in the supervision process.

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

- how does your LSA gain information about the clinical learning environment for pre registration student midwives?
- the processes used to feed this back into higher education providers and commissioners
- list the approved education providers you use to supply preparation of supervisors of midwives programmes
- information as to how your LSA is kept informed by the Lead Midwife for Education (LME) in relation to numbers of midwives who fail to complete the programme successfully
- how does your LSA determine that new supervisors of midwives are competent to undertake the role at the end of the programme?

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

What methods are used by your LSA to review existing policies relating to the function of statutory supervision?

You are not required to enclose new policies with your report, however please provide the appropriate hyperlink so that the policies may be viewed.

8 Evidence of developing trends that may impact on the practice of midwives in the local supervising authority

Please outline the public health picture across your LSA and include:

- workforce and birth trends that have an impact on the clinical environment in which midwifery practice occurs
- data to support your analysis, including
- the midwife to birth ratio of maternity services in your LSA
- trends that may, or are, impacting on the safety and protection of women or on the learning environment for students
- report on action taken to improve such trends by maternity services and by your LSA
- Provide Birth Trends analysis for respective maternity services to include information related to clinical outcomes and serious untoward incidents.

  If a hyperlink is more appropriate for the NMC to access this information, please place this in your report.

- the methodology used by your offices to gather this information
- the personnel involved in supporting this data collection
- details of the locally agreed serious incident escalation policy
- information on unit closures, and actions taken to ensure the safety of women and babies
- information on collaborative working with other organisations that have a safety remit.

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

- number of complaints relating to your LSA and the supervisory function in the reporting year
- number and outcome of investigations into such complaints
- how your LSA ensures impartiality when dealing with such complaints
- data on the source of each of these complaints
- details on the nature of the complaints
- information about the length of time taken to conclude such investigations.

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

How is the LSA informed of serious untoward incidents?

- The number of investigations undertaken during the year by:
  - supervisors of midwives
  - directly by the LSAMO
  - an external supervisor of midwives or LSAMO commissioned by the LSA
- summary of LSA involvement in investigations by the Healthcare Commission or national equivalent
- key trends and learning outcomes of any supervised practice programmes
- action taken by your LSA to reduce repeated incidents

- supervised practice programmes that have not been implemented due to employer dismissal or refusal by the midwife
- follow on action taken by your LSA
- concerns relating to the competence of newly qualified midwives, including their original place of training
- how does your LSA communicate with the NMC on any matters of concern regarding midwifery practice?
- please provide an anonymised summary of any referrals to the NMC during this reporting year.

Thank you for providing this information.

Please submit your responses by 30 September 2009.

Please return to Christina McKenzie, Head of Midwifery, at christina.mckenzie@nmc-uk.org.

17.2. Appendix 2: NMC review findings for the Western Isles LSA

Benchmark		Criteria	met	partially met	not met
1	Rule 4 Notifications by Local Supervising Authority	4	4	0	0
2	Rule 5 – Suspension from Practice by a Local Supervising Authority	4	4	0	0
3	Rule 9 Records	5	3	2	0
4	Rule 11 Eligibility for Appointment as a Supervisor of Midwives	3	3	0	0
5	Rule 12 The Supervision of Midwives	15	13	1	1
6	Rule 13 The Local Supervising Authority Midwifery Officer	5	5	0	0
7	Rule 15 Publication of Local Supervising Authority Procedures	7	3	2	2
Total		43	35	5	3
Percentage of total			81%	12%	7%

NOTE: For Benchmark 8 - Rule 16 - Annual Report, the NMC decided that compliance with this standard would be fully assessed based on the 2007/08 report, which it received in mid-October 2008 therefore it has not been included in the table above.

17.3. Appendix 3: NMC review findings for Grampian LSA

Benchmark		Criteria	met	partially met	not met
1	Rule 4 Notifications by Local Supervising Authority	4	4	0	0
2	Rule 5 – Suspension from Practice by a Local Supervising Authority	4	4	0	0
3	Rule 9 Records	5	2	3	0
4	Rule 11 Eligibility for Appointment as a Supervisor of Midwives	3	2	1	0
5	Rule 12 The Supervision of Midwives	15	12	2	1
6	Rule 13 The Local Supervising Authority Midwifery Officer	5	5	0	0
7	Rule 15 Publication of Local Supervising Authority Procedures	7	4	3	0
Total		43	33	9	1
Percentage of total			77%	21%	2%

NOTE: For Benchmark 8 - Rule 16 - Annual Report, the NMC decided that compliance with this standard would be fully assessed based on the 2007/08 report, which it received in mid-October 2008 therefore it has not been included in the table above.

17.4. Appendix 4: Action Plan resulting from the NMC review of the Western Isles Local Supervising Authority

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
PUBLICATIONS		National LSA Forum (UK) guidance is embedded into everyday supervisory practice	Supervisors of Midwives access the guidelines through the LSA Consortium website www.midwiferysupervision-noslsa.scot.nhs.uk and through policy folder Application to supervisory practice is evidenced through the LSA Audit	Ongoing	Supervisor of Midwives are cognisant with the National LSA Forum (UK) Guidelines	All Supervisor of Midwives in the Western Isles LSA access the National Guidelines though the North of Scotland LSA Consortium website
		Monitor the intention to practice notification processes and submission of ITP data to ensure ongoing compliance with these standards	LSAMO will monitor ITP process through LSA database	Ongoing	ITP process for the LSA is managed effectively with no gaps in practice	The ITP process for 2008 - 2009 was managed effectively - all ITPS for the Western Isles were uploaded to the NMC by the date advertised
TRAINING		Ensure that all supervisors of midwives receive training to develop competence in their role Supervisors of Midwives are able to carry out supervisory investigations and know when to instigate an investigation Supervisors of Midwives are trained and competent in audit and review processes in order to help promote best practices	LSAMO has organised workshops in supervisory investigations LSA to implement training in audit processes root cause analysis LSAMO to give continued support to Supervisors of Midwives Evaluate the benefits from any changes in practice.	March 2009 Ongoing Ongoing Ongoing	Supervisors of midwives are competent in their role	Guideline L [61] was introduced across the North of Scotland Workshops on carrying out supervisory investigations were held on the 5th and 20th March 2009 Supervisor of Midwives are undertaking training in audit processes and RCA
		Ensure a commitment to providing professional development and updating for supervisors of midwives	LSAMO will establish the training needs of supervisors through analyses of the Supervisors Competency Framework Self Assessment Tool LSAMO will offer workshops on an annual basis providing professional development and updating for supervisors of midwives	Annually	Supervisors of midwives knowledge and skills are maintained and developed	All Supervisor of Midwives training needs were assessed through the Competency Framework Tool which informs future workshops / training days

[61] Guideline L - Guideline and process for investigation into a midwife's fitness to practise by a Supervisor of Midwives on behalf of the Local Supervising Authority

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
		Monitor the provision of training to ensure the minimum standard for updating is being met	Monitor Supervisors of Midwives training through the Supervisors Competency Framework Self Assessment Tool in the annual LSA audit	Annually	The minimum standard of 6 hours per annum is being met	Supervisor of Midwives training/ development is monitored through the Competency Framework Tool via the annual LSA audit process
SUPERVISORY RECORDS		Improve supervisory record keeping standards to ensure that the retention and transfer of supervisory records meet the NMC standard	embed National Guideline B (Retention and transfer of supervisory records relating to statutory supervision) into supervisory practice provide training for Supervisors of Midwives in the use of the following sections in the electronic database annual review developmental support supervised practice other information LSAMO will monitor the quality and accuracy of supervisory records and record keeping systems LSAMO will audit compliance with National Guideline B at the annual LSA audit	Ongoing	Supervisory record keeping systems meet the NMC standards National Guideline B (Retention and transfer of supervisory records relating to statutory supervision) is implemented into the supervisors of midwives immediate current practice	Training has been provided on the use of the LSA Database Supervisor of Midwives are cognisant with Guideline B The standard of supervisory record keeping will be monitored in the 2009-2010 LSA audit
		Record keeping systems ensure that all supervisory records are kept for seven years and records involving clinical incidents are kept for 25 years.	LSAMO will audit Supervisors of Midwives records on an annual basis to ensure that they comply with NMC standards 7 years for supervisory records 25 years for records pertaining to a clinical incident	Ongoing	Supervisory record keeping systems meet the NMC standards Supervisory record storage systems are robust	The standard of supervisory record keeping will be monitored in the 2009-2010 LSA audit

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
FRAMEWORK FOR SUPERVISION		Ensure that supervisors of midwives receive adequate administrative support to carry out their roles effectively.	LSA to provide supervisors with access to laptop computers LSA to provide administrative support via the ward clerk LSAMO secretary to provide administrative support to supervisors in respect of typing sending out information by mail / email LSAMO will monitor the provision of administrative support at the annual LSA audit	Ongoing	Supervisors of midwives receive adequate administrative support to carry out their roles effectively.	Negotiations are in place to provide Supervisor of Midwives with administrative support
		Ensure that a Supervisors of Midwives protected time for supervisory duties is maintained and the impact is measured if they are unable to take that time	LSA will ensure that supervisors of midwives receive an appropriate amount of protected time to enable them to undertake their supervisory duties LSAMO will monitor whether or not the Supervisors of Midwives receive their protected time at the annual LSA audit LSAMO will impact assess the effect of Supervisors of Midwives not being able to take their protected time	Ongoing	Supervisors of midwives are enabled to carry out their supervisory duties in a timely manner	Supervisor of Midwives currently receive ?? hours of protected time a month LSAMO will monitor Supervisor of Midwives protected time in the 2009-2010 LSA audit

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
WOMEN CENTRED CARE AND EVIDENCED BASED PRACTICE		Review the current mechanisms for informing women and their families about the role of supervisors of midwives. Improve the style, presentation and content of the posters, which are currently used, and develop leaflets to complement the posters.	Supervisors Quality Improvement Group to develop posters for use across the North of Scotland LSA Consortium, these will be put into GP surgeries, antenatal clinics etc In consultation with service users local posters will be reviewed re style, presentation and content Supervisors of midwives in consultation with service users will develop leaflets to complement the posters Supervisors of midwives will introduce themselves as such when engaging with women and their families Midwives will introduce the concept of statutory supervision to women during antenatal care Information about statutory supervision to be included in the Women's Hand-held Maternity Record LSAMO will monitor service users knowledge and understanding of statutory supervision through the annual LSA audit	March 2009 March 2009 July 2009 Ongoing Ongoing Ongoing	Women and their families are informed about the role of supervisors of midwives.	Posters informing women about the statutory supervision of midwives are currently under development Local posters and leaflets are currently under review Women's knowledge and understanding of statutory supervision will be monitored in the 2009-2010 LSA audit
		Advise women of the LSA, LSAMO and Supervisors of Midwives availability to offer support, advice and guidance.	Information on how to contact the LSAMO and supervisors of midwives is available on the North of Scotland LSA Consortium website http://www.midwiferysupervision-noslsa.scot.nhs.uk Information re statutory supervision to be inserted into women's handheld notes LSAMO will monitor service users knowledge and understanding of statutory supervision through the annual LSA audit	Ongoing	Women and their families are aware of the availability of the LSA, LSAMO and Supervisors of Midwives to offer support, advice and guidance.	Women's knowledge and understanding of statutory supervision will be monitored in the 2009-2010 LSA audit

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
		Ensure that women-centred care and evidenced based clinical practice is supported and promoted by the supervisors of midwives at all times.	Supervisors of midwives promote Keeping Childbirth Natural and Dynamic (KCND) programme approach to care Supervisors of midwives are actively engaged in the development and review of evidenced based guidelines LSAMO will monitor compliance with this at the annual LSA audit	Ongoing	Service users are able to report that the care they receive is women centred with services and care tailored to their need. Health Board policies / guidelines are evidence based	KCND is being actively promoted in the Western Isles Supervisor of Midwives are engaged in the development of evidence based guidelines LSAMO will monitor compliance with this at the annual LSA audit
		Promote and develop greater user involvement in service reviews and audits and in the development of evidence based practice.	service users identified and trained to be a member of the audit team focus groups of women invited to talk to the audit team	Sept 2009 Ongoing	User representation is integral to LSA audit process	Plans are in place to have a user representative on the audit team
CLINICAL GOVERNANCE STRUCTURES		Improve liaison with clinical governance, risk management and patient safety staff, in order to ensure full compliance with the LSA standards for Rule 15	Strengthen and enhance the links with the clinical governance, risk management and patient safety functions	Ongoing	Governance arrangements are agreed and in place	LSAMO attended the Western Isles Clinical Governance meeting ion 16th June 2009
		Ensure better integration of the supervision of midwives into the Health Boards governance and risk management framework.	Supervisors of midwives are pivotal in the clinical governance strategy within the Western Isles maternity service A Supervisors of Midwives is involved in all risk management processes relating to maternity services	Ongoing	All Serious Untoward Incidents are investigated from a supervisory perspective and reported to the LSAMO	Supervisor of Midwives are involved in risk management processes Compliance with this will be monitored during the 2009-2010 LSA audit
		Monitor the processes for notification of incidents to ensure that Rule 15 is being complied with.	Supervisors Quality Improvement Group is developing guidance for supervisors of midwives on 'Reporting & Monitoring of Serious Incidents & Events - Process of Investigation & Reporting to the LSA'	Ongoing	LSAMO is notified of all Serious Untoward Incidents within the maternity services timeously Trends in practice are identified and acted upon	No SUIs reported to date
		Continue to ensure that the LSAMO has a voice at executive level of the Health Board holding the responsibility for the LSA function.	LSAMO has direct access to the Chief Executive LSAMO presents key findings from the Annual Report to NMC to the Health Boards Clinical Governance Committee	Ongoing	LSAMO is an integral partner in the clinical governance agenda within the LSA	LSAMO has good links with the interim Director of Nursing and has access as required to the CEO LSAMO attended the Western Isles Clinical Governance meeting ion 16th June 2009

17.5. Appendix 5: Action Plan resulting from the NMC review of the Grampian Local Supervising Authority

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
PUBLICATIONS		National LSA Forum (UK) guidance is embedded into everyday supervisory practice	Supervisors of Midwives access the guidelines through the LSA Consortium website www.midwiferysupervision-noslsa.scot.nhs.uk and through policy folder Application to supervisory practice is evidenced through the LSA Audit	Ongoing	Supervisors of Midwives are cognisant with the National LSA Forum (UK) Guidelines	All Supervisors of Midwives in the Western Isles LSA access the National Guidelines though the North of Scotland LSA Consortium website
TRAINING		Ensure the LSAMO gains the competence and experience in carrying out robust LSA investigations	LSA to support the LSAMO in gaining the competence and experience in carrying out robust LSA investigations – Training in "root cause analysis" to be offered.	Ongoing	LSAMO is competent and experienced in carrying out robust LSA investigations	LSAMO met with Grampian Clinical Governance Team
		Ensure that all supervisors of midwives receive training to develop competence in their role Supervisors of Midwives are able to carry out supervisory investigations and know when to instigate an investigation Supervisors of Midwives are trained and competent in audit and review processes.	LSAMO has organised workshops in supervisory investigations LSA to implement training in audit and review processes LSAMO to give continued support to Supervisors of Midwives Evaluate the benefits from any changes in practice.	March 2009 Ongoing Ongoing Ongoing	Supervisors of midwives are competent in their role	Guideline L[62] was introduced across the North of Scotland Workshops on carrying out supervisory investigations were held on the 5th and 20th March 2009 Supervisors of Midwives are undertaking training in audit processes and RCA

[62] Guideline L - Guideline and process for investigation into a midwife's fitness to practise by a Supervisor of Midwives on behalf of the Local Supervising Authority

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
TRAINING		Assess the competence of all the supervisors of midwives against the NMC Standards and competencies for supervisors of midwives and ensure that they receive appropriate training to maintain competence in their role	Through analyses of the Supervisors Competency Framework Self Assessment Tool the LSAMO will asses the competence of supervisors of midwives establish the training needs of supervisors of midwives LSAMO will offer workshops on an annual basis providing professional development and updating for supervisors of midwives	Annually	Supervisors of midwives knowledge and skills are maintained and developed	Supervisors of Midwives competence will be analysed during the 2009 - 2010 annual LSA audit
		Monitor the provision of training to ensure the minimum standard for updating is being met	Monitor Supervisor of Midwives training through the Supervisors Competency Framework Self Assessment Tool in the annual LSA audit	Annually	The minimum standard of 6 hours per annum is being met	All Supervisors of Midwives training needs were assessed through the Competency Framework Tool which informs future workshops / training days
SUPERVISORY RECORDS		Ensure that Supervisory record keeping systems meet the NMC standards implement an electronic database as a more systematic and effective system Continue to monitor the quality and accuracy of supervisory records and the record keeping systems.	LSAMO will provide training for Supervisors of Midwives in the use of the following sections in the electronic database annual review developmental support supervised practice other information LSAMO will monitor the quality and accuracy of supervisory records and record keeping systems	Ongoing Ongoing	Supervisory record keeping systems meet the NMC standards	Training has been provided on the use of the Database Guidelines are being developed on the use of the Database The standard of supervisory record keeping will be monitored in the 2009-2010 LSA audit

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
		Ensure that the National Guideline B (Retention and transfer of supervisory records relating to statutory supervision) is implemented into the Supervisor of Midwives' immediate current practice	Embed National Guideline B (Retention and transfer of supervisory records relating to statutory supervision) into supervisory practice LSAMO will audit compliance with National Guideline B at the annual LSA audit	Ongoing Annually	National Guideline B (Retention and transfer of supervisory records relating to statutory supervision) is implemented into the supervisors of midwives immediate current practice	All Supervisors of Midwives have access to Guideline B through the LSA website compliance with National Guideline B will be assessed at the annual LSA audit in 2009-2010
FRAMEWORK FOR SUPERVISION		Ensure that there is 24 hour access to a Supervisor of Midwives	introduce a formal 24 hour on call/ availability rota inform midwives inform pregnant women	June 2009	24 hour access to a Supervisor of Midwives is in place throughout the LSA	A 24 hour availability Rota is now in place Success of the implementation of the rota will be assessed through the LSA audit
		Ensure that supervisors of midwives receive adequate administrative support to carry out their roles effectively.	LSA to provide administrative support LSAMO secretary to provide administrative support to supervisors in respect of typing sending out information by mail / email LSAMO will monitor the provision of administrative support at the annual LSA audit	Ongoing	Supervisors of midwives receive adequate administrative support to carry out their roles effectively.	A limited amount of administrative support is available through the Head of Midwifery's secretary and the LSAMOs secretary Provision of administrative support will be monitored at the annual LSA audit
		Continue to monitor the intention to practice notification processes and submission of ITP data to ensure ongoing compliance with these standards	LSAMO will continue to monitor the ITP process through LSA database	Ongoing	ITP process for the LSA is managed effectively with no gaps in practice	The ITP process for 2008 - 2009 was managed effectively - all ITPS for the Western Isles were uploaded to the NMC by the date advertised

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
		Ensure that the Supervisor of Midwives keep the LSA informed that they are able to take their protected time for supervision	LSAMO will audit the Supervisor of Midwives ability to take their protected time for supervision	Ongoing	The LSA has an effective supervisory system in place	Supervisors of Midwives are currently allocated protected time each month LSAMO will monitor Supervisors of Midwives protected time in the 2009-2010 LSA audit
WOMEN CENTRED CARE AND EVIDENCED BASED PRACTICE		Develop the LSA audit tool to be more specific so that Supervisors of Midwives know which standards and rules that they have met or partially met.	LSA Audit tool has been reviewed to enable Supervisors of Midwives to clearly show which standards they have met, partially met or not met	May 2009	Supervisor of Midwives know which standards and rules that they have met or partially met.	LSA Audit tool has been updated and will be used in the 2009-2010 LSA audits
		The LSA needs to make specific recommendations from the audit for the Supervisor of Midwives team.	Supervisor of Midwives receive specific recommendations from the LSA audit the Supervisor of Midwives team develop an action plan in response to the audit The action plan is implemented in a planned way during the following year. The LSA receives the action plan as a formal document.	Annually	Supervisor of Midwives know which areas of practice need development	LSA audit reports are available online @ http://www.midwiferysupervision-noslsa.scot.nhs.uk/index_Reports.htm Action plans from the 2008-2009 LSA audits will be reviewed at the 2009-2010 LSA audits

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
WOMEN CENTRED CARE AND EVIDENCED BASED PRACTICE		Continue to develop ways of informing women and their families about the role of the Supervisor of Midwives and the LSAMO and their availability to offer support, advice and guidance	Supervisors Quality Improvement Group to develop posters for use across the North of Scotland LSA Consortium, these will be put into GP surgeries, antenatal clinics etc Supervisors of midwives in consultation with service users will develop leaflets to complement the posters Supervisors of midwives will introduce themselves as such when engaging with women and their families Midwives will introduce the concept of statutory supervision to women during antenatal care Information about statutory supervision to be included in the Women's Hand-held Maternity Record LSAMO will monitor service users knowledge and understanding of statutory supervision through the annual LSA audit	June 2009 July 2009 Ongoing Ongoing Ongoing	Women and their families are informed about the role of supervisors of midwives.	Posters informing women about the statutory supervision of midwives are currently under development Local posters and leaflets are currently under review Women's knowledge and understanding of statutory supervision will be monitored in the 2009-2010 LSA audit
		Ensure that women-based care and evidenced based clinical practice continues to be supported and promoted by the Supervisor of Midwives at all times	Supervisors of midwives promote Keeping Childbirth Natural and Dynamic (KCND) programme approach to care Supervisors of midwives are actively engaged in the development and review of evidenced based guidelines LSAMO will monitor compliance with this at the annual LSA audit	Ongoing	Service users are able to report that the care they receive is women centred with services and care tailored to their need. Health Board policies / guidelines are evidence based	KCND is being actively promoted in Grampian Supervisor of Midwives are engaged in the development of evidence based guidelines LSAMO will monitor compliance with this at the annual LSA audit

OBJECTIVE			ACTION	TARGET	KEY PERFORMANCE INDICATORS	PROGRESS ON ACTION
		Promote and develop greater user involvement in LSA audits and in the development of evidence based practice.	service users identified and trained to be a member of the audit team focus groups of women invited to talk to the audit team	Sept 2009 Ongoing	User representation is integral to LSA audit process	Plans are in place to have a user representative on the audit team
CLINICAL GOVERNANCE STRUCTURES		Improve liaison with clinical governance systems to ensure that the LSAMO is informed of all Serious Untoward Incidents relating to maternity	Strengthen and enhance the links with the clinical governance, risk management and patient safety functions	Ongoing	Governance arrangements are agreed and in place	LSAMO met with the Clinical Governance Team on 19th June 2009 to discuss processes
		Ensure that supervisory investigations are instigated appropriately	Supervisors Quality Improvement Group is developing guidance for supervisors of midwives on 'Reporting & Monitoring of Serious Incidents & Events - Process of Investigation & Reporting to the LSA'	Ongoing	LSAMO is notified of all Serious Untoward Incidents within the maternity services timeously Trends in practice are identified and acted upon	Notification of SUIs occur timeously Guidance on SUIs has now been agreed across the North of Scotland
		Ensure that the LSAMO has a voice at executive level of the Health Board holding the responsibility for the LSA function.	LSAMO has direct access to the Chief Executive LSAMO presents key findings from the Annual Report to NMC to the Health Boards Clinical Governance Committee	Ongoing	LSAMO is an integral partner in the clinical governance agenda within the LSA	LSAMO attended the Boards Clinical Governance Committee on 27th Feb 2009

17.6. Appendix 6: North of Scotland Consortium LSA risk profile 2007-08

LSA Profile

LSA	North of Scotland Consortium Host LSA – Highland	Chief Executive of Host LSA	Roger Gibbins
LSAMO	Mary Vance	Contact details of LSAMO	maryvance@nhs.net 01463 706730

Evidence that service users are assisting the LSAMO with the annual audits						
	Public User Involvement in supervision audits not described.	LSA Annual Report	Lack of user input into development of supervisory framework. Risk in meeting rules and standards.	4	3	12 AMBER
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						
	Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.	LSA Annual Report	Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	4	4	16 RED
18	Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER

Details of number of complaints regarding the discharge the Supervisory Function						
	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	3	5	15 AMBER
Reports on all local supervising authority investigations undertaken during the year						
21	High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers.	LSA Annual Report	Rules and Standards in relation to investigation leading to supervised practice not being interpreted appropriately/effectively. Risk that midwives being placed on a programme of supervised practice inappropriately.	3	4	12 AMBER
General concerns identified in the NMC framework for reviewing LSAs						
	Concerns regarding the function and performance of supervision within the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER

Score: 85

17.7. Appendix 7: Tool for Dual/ Triple duty midwives

Competencies	Skills
A1 Maintaining confidentiality	1 Manage and safe guard confidential information
	2 Practice within the NMC code of conduct and NHS Highland guidelines on confidentiality
A2 working in partnership with women	1 Provide all information required regarding care choices and service provision, to enable informed choice
A3 Working collaboratively with other Practitioners/Agencies	1 Keep colleagues informed when sharing care
	2 Provide appropriate documentation of care, meetings, plans of care
B1 Completion of initial consultation	1 Diagnosis of pregnancy
	2 History taking
	3 Enabling informed choice
	4 Recording of care plan
B2 Provision of antenatal care	1 Ongoing risk assessment
	2 Monitor and evaluate the effectiveness of programmes of care and modify as required
	3 Antenatal screening
	4 Anti D protocol
	5 Assessment of maternal and foetal wellbeing
	6 Parent education
C1 Assess onset of labour	1 History taking
	2 Abdominal examination
	3 Vaginal examination
C2 Assessment of labour	1 History taking
	2 Abdominal examination
	3 Vaginal examination
	4 Monitoring of maternal and foetal wellbeing
	5 Birth environment
	6 Pain relief
	7 Use of partogram/ documentation
C3 Delivery	1 Support spontaneous delivery
	2 Assess need for and performance of episiotomy
	3 Completion of third stage physiological/ Active
	4 Perineal assessment
	5 Perineal repair
	6 Monitor post delivery condition of mother and baby
C4 Management of Obstetric Emergencies	1 I.V Cannulation
	2 Management of PPH
	3 Management of Malpresentation
	4 Management of cord prolapse
	5 Management of Shoulder dystocia
	6 Maternal and newborn resuscitation
	7 Stabilisation and Transfer
D1 Postnatal check	1 Assessment of physical and psychological wellbeing
	2 Use of audit for LUSCS wound audit
	3 Family planning
	4 Health promotion

D2 Baby check	1 Routine baby check
	2 Blood spot test
	3 Screening for neonatal jaundice
	4 Teaching baby care
	5 Weighing in accordance with protocol/ guideline
	6 Provide information on prevention of SIDS
D3 Artificial feeding	1 Advice and support of mother in accordance with Baby Friendly Guidelines
	2 Facilitate safe preparation and storage of artificial milk within DoH guidelines
D4 Promotion of breastfeeding	1 Offer advice and information in accordance with BFI guidelines
	2 Offer antenatal education in breastfeeding
	3 Participation in promotional events
	4 Education and training for breastfeeding
D5 Support of breastfeeding	1 Encourage skin to skin contact
	2 Encourage early breastfeeding after delivery
	3 Ensure mother knows how to manage milk supply
	4 Ensure mother knows how to hand express
	5 Give information on safe storage of breastmilk
	6 Discourage use of teats, bottles and dummies
	7 Encourage rooming in
D6 Protection of breastfeeding	1 Ensure no products promoting infant formula are in use
	2 Advise on timely introduction of solid foods
E1 Advice on safety of medication in pregnancy and lactation	1 Advise mother that medications may transfer to foetus/ baby via placenta/ breastmilk
	2 Advise mother to inform all prescribers or suppliers of medication that she is pregnant/breastfeeding
E2 Appropriate and safe ordering, Storage and disposal of medications	1 Timely ordering of midwifery exemption medications
	2 Ensure stock regularly checked for expiry dates
	3 Ensure medications are stored in accordance with manufacturers recommendations
	4 Disposal of controlled drugs in accordance with protocol/ NMC midwives rules and standards
E3 Prescription of medications following consultation for midwife non medical prescribers	1 Prescription of medication within midwives competency
	2 Seek advice and refer as appropriate
	3 Advise on effects and possible side effects of medication
E4 Safe administration of medications	1 Ensure all medications are checked and recorded
	2 Ensure safe disposal of sharps
	3 Identify and report adverse reactions
E6 Management of medication for Obstetric emergencies	1 Ensure syntometrine changed every 2 months
	2 Ensure emergency medication stored at Base regularly checked and replaced as required
	3 Communication with G.Ps regarding use and location of these medications
	4 Effective documentation of medications used in emergencies
F1 Referral of mother and baby to other practitioners/ external agencies	1 Involve mother in all discussions regarding referral
	2 Effective communications with agencies involved
	3 Accurate and timely documentation of referral
	4 Communication of referral to other professionals involved in care
F2 Transfer of patient to hospital	1 Communicate with ambulance staff, hospital staff and G.Ps as appropriate
	2 Safe guard safety of mother, baby and Midwife during transfer
	3 Accurate documentation of times during transfer

F3 Multi agency co operation for obstetric emergencies	1 Early call for help
	2 Involve all agencies as required
	3 Ensure IR1 and trigger forms completed
	4 Inform S.O.M of incident and request advice and guidance
	5 Involve all agencies in debrief
	6 Facilitate training as required
F4 Preconceptional care	1 Advertise availability of preconceptional care
	2 Provide advice to mother and partner as requested
	3 Offer smoking cessation
	4 Offer advice on safe alcohol consumption
	5 Offer dietary advice
	6 Provide folic acid supplementation
	7 Offer advice on antenatal screening
	8 Refer as appropriate
F5 six week postnatal check	1 Provide accessible service for mothers
	2 Record baseline observations
	3 Investigations as required
	4 Offer family planning advice
	5 Appropriate referral
	6 Provide information on preconceptional care if appropriate
F6 Teaching/training activities	1 Participation in obstetric emergency updates
	2 Preparation of teaching materials
	3 Delivering Training
	4 Recording and providing evidence of attendance

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sept 09	Oct-09	Nov-09	Dec-09	Totals
A1													0
A2													0
A3													0
B1													0
B2													0
B3													0
C1													0
C2													0
C3													0
C4													0
D1													0
D2													0
D3													0
D4													0
D5													0
D6													0
E1													0
E2													0
E3													0
E4													0
E5													0
E6													0
F1													0
F2													0
F3													0
F4													0
F5													0
F6													0
totals	0	0	0	0	0	0	0	0	0	0	0	0	

17.8. Appendix 8: Schedule of LSA Audits for 2007 - 2008

Date	LSA	CHP	Unit	Type	Supervisor of Midwives on Audit Team
21/06/2008	Grampian	Aberdeen	Aberdeen Maternity Hospital	Consultant Led	Phyllis Winter - Tayside
24/06/2008		Moray	Dr Grays, Elgin	Consultant Led	Angela Watt - Highland
08/07/2008	Highland	Mid Highland	Broadford Hospital, Skye	CMU	Brenda Hinshaw - Tayside
14/07/2008	Highland	Argyll & Bute	Cowal Community Hospital, Dunoon	CMU	N/A
15/07/2008			Victoria Hospital, Rothesay	CMU	N/A
24/07/2008		Mid Highland	Belford hospital, Fort William	CMU	Michelle Mackie - Orkney
29/07/2008	Western Isles	Western Isles	Western Isles Hospital	Consultant Led	Vanessa Shand - Tayside
06/08/2008	Highland	South East Highland	Raigmore Hospital, Inverness	Consultant Led	Tracy Humphrey - Grampian
22/09/2008	Tayside	Dundee	Ninewells Hospital, Dundee	Consultant Led	Jane Knott - Grampian
06/10/2008		Perth	Perth Royal Infirmary	CMU	Helen James - Grampian
08/10/2008	Grampian	Aberdeenshire	Peterhead	CMU	Mairi Milne - Highland
09/10/2008			Chalmers Hospital, Banff	Birth Unit	
09/10/2008			Fraserburgh Hospital	Birth Unit	
28/10/2008			Aboyne Hospital, Aboyne	Birth Unit	Joanne Thorpe - Highland
14/11/2008	Highland	North Highland	Caithness General Hospital, Wick	Consultant led	Kathryn Kearney - Western Isles & Student SoM Jaki Lambert - Highland
04/12/2008	Tayside	Angus	Montrose Memorial Hospital	CMU	Student SoM Jane Forbes - Tayside
17/12/2008	Shetland	Shetland	Maternity Ward Gilbert Bain Hospital	Midwife led/ GP supported	Avril Andrew - Highland
13/01/2009	Highland	Argyll & Bute	Argyll & Bute Hospital, Lochgilphead	CMU	Mari Milne - Highland
14/01/2009			Campbeltown Hospital	CMU	
15/01/2009			Lorn & Islands Hospital Oban	CMU	
25/03/2009	Orkney	Orkney	Maternity Ward Balfour Hospital	Midwife led/ GP supported	Elaine Mitchell - Grampian

17.9. Appendix 9: Workshop Programme

AIMS

To provide a forum for discussion and information exchange to meet the professional and educational needs of Supervisors of Midwives in the North of Scotland.

To ensure the Supervisors of Midwives in the North of Scotland are well equipped to fulfil their role in investigating and facilitating midwives' reflection on critical incidents.

OBJECTIVES

To identify, discuss and clarify practical skills in critical incident investigation.

To identify, discuss and clarify the role of statutory supervision of midwives within the context of the clinical governance agenda in relation to the reporting and investigating of clinical incidents.

To identify, discuss and clarify relevant issues relating to NMC standards for supervised practice and to explore how best to support a midwife whose practice has fallen below expected standards.

NORTH OF SCOTLAND LSA CONSORTIUM

2008 - 2009

SUPERVISORS OF MIDWIVES

WORK SHOP

VENUE: Drumossie Hotel,

Inverness

ON THURSDAY 5TH MARCH 2009

09:00 - 16:00

MORNING SESSION

9.00 - 9.30	Registration & Coffee	Drumossie Suite
9.30 - 10.00	Introduction & Welcome Lesley Anne Smith Head of Clinical Governance & Risk Management NHS Highland	Drumossie Suite
10.00 - 10.30	Setting the Scene Dr Susan Way NMC Midwifery Adviser	Drumossie Suite
10.30 - 12.30	Workshop 1 Notifying & Investigating (coffee/ tea available)	Break out areas

AFTERNOON SESSION

12.30 - 13.30	Lunch	Restaurant
13.30 - 14.30	Workshop 2 Analysis	Break out areas
14.30 - 15.30	Workshop 3 Report Writing, Recommendations & Closing the Loop (coffee/ tea available)	Break out areas
15.30 - 16.00	Summary of the Day Mary Vance LSAMO	Drumossie Suite
16.00	Please complete your evaluation form	

17.10. Appendix 10: Poster for Women

NORTH OF SCOTLAND
LOCAL SUPERVISING AUTHORITY
Grampian, Highland, Orkney, Shetland,
Tayside & Western Isles
http://www.midwiferysupervision-noslsa.scot.nhs.uk

Midwifery Supervision and Women

Who are Supervisors of Midwives?

Supervisors of Midwives are experienced midwives who have extra training so they can support, guide and supervise other midwives.

Every midwife must have a named Supervisor of Midwives.

What is the role of a Supervisor of Midwives?

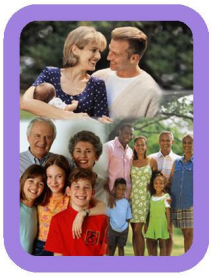
Supervisors of Midwives:

1. protect you, your baby and your family
2. meet regularly with the midwives they supervise
3. make sure your midwifery care is safe and of a high standard.

Supervisors of Midwives have a different role from midwifery managers. The supervision role is independent of the employer. Supervisors answer to their Local Supervising Authority (LSA). The Supervisors are supported by the Local Supervising Authority Midwifery Officer (LSAMO).

How do I contact a Supervisor of Midwives?

1. Phone your local maternity unit and ask to be put in touch with a Supervisor of Midwives OR
2. Get a Supervisor's contact details from the Local Supervising Authority website http://www.midwiferysupervision-noslsa.scot.nhs.uk



How can Supervisors of Midwives help me?

Whilst the supervisor will support the midwife in the care she gives you, the supervisor can additionally help you by:

1. Supporting and advising you and your midwife in your care choices, for example place of birth.
2. Creating an environment that helps good communication between you and your midwife about your care.
3. Talking and listening to you if you are unhappy with your birth outcome or treatment.
4. If you have had a difficult birth a supervisor can go through your notes and discuss your experiences with you if you feel you are unable to do this with your midwife.
5. Listening and talking about any concerns about the care you have received from your midwife.

Supervisors of Midwives will work with you and with midwives to deal with your concerns and complaints. If you wish, you can still make a formal complaint to your maternity care provider or the LSAMO

17.11. Appendix 11: RCM - Position Statement 15

Staffing Standard in Midwifery Services

The Royal College of Midwives

Position Statement

This statement has been produced to assist maternity service providers and commissioners when they are reviewing their midwifery staffing levels.

The need for this statement arises from the fact that midwifery staffing numbers are variable throughout the UK. Yet we have clear evidence that an adequate ratio of midwives to births impacts on both the safety and quality of maternity services and mothers satisfaction (HCC 2008, Hatem et al 2008, Gardosi et al 2007, Ball 2006, McCourt 1996).

The Royal College of Midwives supports a minimum ratio of 1 midwife per 28 births per year. This is based on the requirements placed on midwives in the documents referenced in Appendix 1. Falling outside this ratio is a strong indication that a service should undertake a thorough workforce review. This ratio may need to be improved upon in particular circumstances (see Appendix 2).

Midwives working in caseload practices, giving total care and attending the majority of their births should have a caseload of 1:35 women.

Midwives should be supported in practice by appropriately qualified support workers and administrative staff.

Future guidance on this paper will be issued.

Endorsed by the Royal College of Obstetricians and the Royal College of Paediatrics and Child Health

References

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Hatem M, Sandall J, Devane D, et al (2008) Midwife-led versus other models of care for childbearing women (Cochrane Review). *The Cochrane Database of Systematic Reviews issue 4 2008*.

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Appendix 1

In order of published date:

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NCT, RCM, RCOG (2006). *Modernising Maternity Care: A Commissioning Toolkit for England, 2nd ed.* http://www.rcog.org.uk/resources/public/pdf/mmc_toolkit_06.pdf

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NICE (2006) *Routine postnatal care of women and their babies.* London: NICE

COI Communications (2005) *Access to maternity services: research report.* London: Department of Health

Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services: Maternity services.* London: Department of Health

- Where a service is experiencing higher than average levels of sickness absence or maternity leave.
- Where particular education and training is needed to enable service development e.g. midwives observing a different service model prior to its local introduction.
- Where a service is substantial ‘gainer’ of births (does not undertake antenatal and postnatal care for women who give birth in the unit). Cross boundary flows may be due to clinical needs, but are more often due to social and geographical factors.
- Where a service caters for a population with extraordinary social or medical needs, such as very deprived areas with high ethnic minority populations.
- Where community midwives cover very rural areas and have high mileages. Nationally mileage averages at 17.5 % of each wte community midwives’ time.
- Where models of care are significantly different to NICE guidance.

17.12. Appendix 12: Data Collection Tool

COMMUNITY HEALTH PARTNERSHIP (CHP)/ Region NAME:				
Please use separate sheet for each unit covered:				
Health Board:				
Contact Telephone Number:				
Contact Fax Number:				
Head of Midwifery:				
Email address:				
The number of Supervisors of Midwives working in the CHP/ Region				
Name:	Post:	Site/base:	Pay Band:	WTE:
Please indicate * if a supervisor is designated as a member of the SQIG				

Names of Supervisors of Midwives who are undergoing/ have finished the course and are awaiting appointment:		
Nominated Midwives: These midwives have been nominated to attend the next available course:		
Has there been peer involvement in the nomination process	Yes	No
If no explain why		
Resignations of Supervisors during the year: Name:	Reason:	

CLINICAL ACTIVITY: Annual statistics relating to practice for the year Jan 2008 – Dec 2008		
		Number
TOTAL WOMEN DELIVERED (this includes all home and hospital births)		
HOSPITAL BIRTHS		
Total delivered in the hospital		
Deliveries in midwife-led centres (please specify whether these are stand alone or within the main unit, or both)		
Total number of babies born (i.e. including multiple births)		
Total number of deliveries undertaken by midwives in all situations (i.e. excluding assisted or operative births)		
Births in water		
HOME BIRTHS		
Number of intentional home births attended by a midwife		
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew		
Babies born at home, attended by a midwife, when intended/planned for hospital delivery		
MATERNITY OUTCOMES DATA		
Number of babies born alive		
Number of stillbirths		
Number of early neonatal deaths (i.e. at 6 days and under)		
Number of late neonatal deaths (i.e. deaths between 7-28 days after birth)		
OBSTETRIC INTERVENTIONS		
Number of planned caesarean sections		
Number of emergency caesarean section		
Number of forceps deliveries		
Number of forceps deliveries by midwives		
Number of ventouse deliveries		
Number of ventouse deliveries by midwives		
Number of vaginal breech births		
Number of maternal deaths notified during 2008: Direct		
Indirect		
Number of Births to women who received antenatal and postnatal care elsewhere		
Number of in utero transfers -	Out	In
Number of neonatal transfers	Out	In
Number of births elsewhere, to women receiving antenatal and postnatal care in this service		
Unusual case mix (Please specify) (e.g. refugees)	Yes	No

FACILITIES:		
Please use separate sheet for each unit covered:		
Name of Unit:		
Type of unit: (Tick which applies) Consultant ☐ Midwife ☐ GP ☐		
Total number of maternity beds (including delivery beds)		
Number of obstetric theatres		
Staffed by midwifery staff (other than receiving baby)	Yes	No
Staffed by theatre staff	Yes	No
High dependency beds	Yes	No
Early pregnancy unit	Yes	No
Fetal medicine unit	Yes	No
Antenatal day assessment unit	Yes	No
Birthing pool	Yes	No
Bereavement/quiet room	Yes	No
Partners accommodation on AN ward	Yes	No
Family kitchens	Yes	No
Security system: - controlled door entry - baby tagging - pressure mattresses - other (specify)	Yes Yes Yes Yes	No No No No
Midwife led beds	Yes	No
Intrapartum GP care	Yes	No
Transitional care cots	Yes	No
Some midwives take responsibility for decision making and undertake:		
Neurophysiological examination of the newborn	Yes	No
Ultrasound scans	Yes	No
Amniocentesis	Yes	No
Induction of labour by prostaglandin by syntocinon	Yes Yes	No No
Ventouse deliveries	Yes	No
Forceps deliveries	Yes	No
Six week postnatal examination	Yes	No
Cervical smears	Yes	No
Specialised counselling	Yes	No
Other (please specify)		
Satellite Consultant Clinics	Yes	No
Number Frequency: Weekly Fortnightly Monthly (please ring as appropriate)		
Antenatal screening tests available to women (in addition to anomaly screening): - nuchal marking - biochemical - Ultrasound anomaly - other – please specify		
Other facilities available to women (please list)		
Are there any limitations in facilities?		

BREAST FEEDING		
Baby Friendly Initiative: Certificate of commitment	Yes	No
Accreditation	Yes	No
Number of women initiating breastfeeding (% of total women birthed)		
Number of women breastfeeding on discharge to Health Visitor (% of total women birthed)		

STAFFING ESTABLISHMENT: (excluding neonatal unit)		
(Staff that work on more than one site should be included only where their substantive post is)		
BAND MIX	**In post WTE**	**Funded WTE**
Managers		
Consultant Midwife		
8		
7		
6		
5		
Total		
		Number
Total number of midwives employed (head count, i.e. allowing for part-time staff)		
Total number of midwives notifying intention to practise (including non-employed midwives, e.g. independent practitioners, educationalists, researchers)		
Vacancies according to funded establishment		
Overall ratio of births to midwifery establishment (WTE)		
Ratio of births to midwives in post (WTE)		
Specialist midwifery posts (please specify any not listed)		Number
Consultant midwife		
Lecturer practitioner		
Practice Development Midwife		
Infant Feeding Co-ordinator		
Bereavement Midwife		
Sure Start Midwife		
Drug/alcohol dependency midwife		
Child protection midwife		
Pregnant teenagers co-ordinator		
Midwife Ultrasonographer		
EMPLOYMENT OF NON-CONTRACTED MIDWIVES		Number
NHS Professionals/Bank midwives		
Agency midwives		
NEONATAL UNIT:		
DIRECTORATE/DIVISION managing neonatal services:		
Managed within the remit of the Head of Midwifery	Yes	No
MIDWIVES IN NEONATAL UNITS		
Are midwives employed in the Neonatal Unit?	Yes	No
Number of midwives in NNU notifying intention to practise		
Number of qualified midwives not notifying intention to practise		
Total cots		Number
- neonatal intensive care		
- high dependency		
- special care		
- transitional care		
Parents' accommodation	Yes	No

LEARNERS:				
	Number	Education Provider	Education Provider	Education Provider
Student midwives				
Dip HE 18/12				
Degree 3 year				
Degree 18/12				
Return to practice				
Overseas adaptation				
Student nurses				
Medical Students				
SVQ/ Maternity Care Assistants				
Cadets (midwifery)				
Others: E.g. EU midwives receiving in-depth induction				
Future workforce planning identifies places for:				
18 month pre-registration			Yes	No
3 year pre-registration			Yes	No
Return to midwifery practice			Yes	No
Are student midwives allocated a supervisor of midwives			Yes	No
If YES please explain how this is achieved:				
If NO please explain what measures are in place through statutory supervision to empower midwifery students to practise safely and effectively.[63]				

[63] NMC 2004 Midwives rules and standards: Rule 11 - guidance

GENERAL INFORMATION:			
Implementation of National recommendations Do you have the following in place (please tick the relevant box):			
NHS QIS	Yes	No	Working Towards
Healthcare Associated Infection (HAI) Standards			
Scottish Woman Held Maternity Record			
KCND Pathways			
NICE			
Guidelines for Antenatal and postnatal mental health			
Guidelines for Intrapartum care: management and delivery of care to women in labour			
CEMACH – top ten recommendations			
Pre-conception care			
Access to care ▪ Accessible & welcoming with 1st full booking visit and hand held maternity record completed by 12 completed weeks of pregnancy. ▪ Pregnant women who are already 12 or more weeks pregnant should be seen within two weeks of referral.			
Migrant women			
Systolic hypertension requires treatment			
Caesarean section			
Clinical skills			
All clinical staff must undertake regular, written, documented and audited training for: ▪ identification, initial management and referral for serious medical & mental health conditions which, although unrelated to pregnancy, may affect pregnant women or recently delivered mothers ▪ early recognition and management of severely ill pregnant women & impending maternal collapse ▪ improvement of basic, immediate and advanced life support skills			
Early warning scoring system			
Guidelines for the management of: ▪ The obese pregnant woman ▪ Sepsis in pregnancy ▪ Pain and bleeding in early pregnancy			
Protocols for:			
Management and treatment of thromboembolism			
Pregnancy induced hypertension			
Eclampsia			
Management and treatment of Post Partum Haemorrhage			
Antibiotic Therapy post LSCS			
Early pregnancy unit (Ectopic pregnancy and bleeding in early pregnancy)			
Admission of pregnant women to A&E and areas other than Maternity			
Mental health screening			
Evidence of regular audit of record keeping			
Skills Drills			
▪ Shoulder Dystocia			
▪ PPH			
▪ Eclampsia			
▪ Neonatal Resuscitation			
"Fire Drills" to practise scenarios:			
▪ in hospital setting			
▪ in community setting			

17.13. Appendix 13: Supervisor of Midwives Reporting Template

NAME OF LSA:	
Details of how midwives are provided with continuous access to a supervisor of midwives	
How do midwives:	
contact their named supervisor of midwives?	
contact a supervisor of midwives in an emergency?	
what are your contingencies if one is not contactable?	
Please provide evidence of how access to a supervisor of midwives is audited in your LSA including:	
continuous access to a supervisor of midwives	
response times from supervisors of midwives to requests for advice from midwives in challenging situations	
response times from supervisors of midwives to requests for advice from women in challenging situations	
outcomes and action plans resulting from these audits (include a copy of the Action Plan from the LSA Audit)	
Details of how the practice of midwives is supervised	
How does the supervisory function work and what processes are in place for the effective supervision of midwives? This includes:	
evidence about how your LSA has improved care to women or enhanced and supported the practice of midwives	
information on any challenges that impede effective supervision	
how are these challenges being addressed?	

Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery office with the annual audits	
service user involvement in the supervision of midwives	
progress against action plans to improve service user involvement	
Details of any new policies related to the supervision of midwives	
What methods are used by your LSA to review existing policies relating to the function of statutory supervision?	
Evidence of developing trends that may impact on the practice of midwives in the local supervising authority	
Please outline the public health picture across your LSA and include:	
workforce and birth trends that have an impact on the clinical environment in which midwifery practice occurs	
trends that may, or are, impacting on the safety and protection of women or on the learning environment for students	
report on action taken to improve such trends by maternity services and by your LSA	
information on unit closures, and actions taken to ensure the safety of women and babies	
information on collaborative working with other organisations that have a safety remit	
Please use this section to add additional information that you feel should be included in the annual report to the NMC e.g. areas of good practice	

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1 April 2008 - 31 March 2009