



South East Region

ANNUAL REPORT
OF THE
SOUTH EAST SCOTLAND
LOCAL SUPERVISING AUTHORITY
APRIL 2006 – MARCH 2007

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September 2007

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1. Executive Summary

This report fulfils the requirements of Nursing and Midwifery Circular 15/2007 and in doing so reflects the changes that have taken place within Scotland during the reporting year 1 April 2006 – 31 March 2007.

Prior to August 2006 Local Supervising Authorities' responsibilities in Scotland were carried by 15 Health Boards. Each Health Board nominated a representative to the role of Local Supervising Authority Officer. In some instances this postholder was not a registered midwife.

The introduction of the Nursing and Midwifery Council's Midwives rules and standards August 2004 specify in Rule 13:

1. Each local supervising authority shall appoint a Local Supervising Authority Midwifery Officer who shall be responsible for exercising its functions in relation to the supervision of midwives including in relation to the appointment of supervisors of midwives under rule 11(1).
2. A local supervising authority shall not appoint a person to the post or local supervising authority midwifery officer unless:
 - a) She is a practising midwife; and
 - b) She meets the standards of experience and education set by the Council from time to time.

A short life working group under the direction of Paul Martin, Chief Nursing Officer at the Scottish Executive, was convened to plan and implement a process for Scotland which ensured compliance with the new rules and standards. It was agreed that a Regional Approach to the appointment of Local Supervising Authority Midwifery Officers would be implemented. The three regions being:

- i. South East of Scotland
- ii. West of Scotland
- iii. North of Scotland.

For these reasons Statutory Supervision of Midwives whilst being undertaken by Supervisors of Midwives and the nominated Local Supervising Authority Midwifery Officer was in a transitional period and subsequently no audit of LSA function was undertaken during the reporting year April 2006- March 2007.

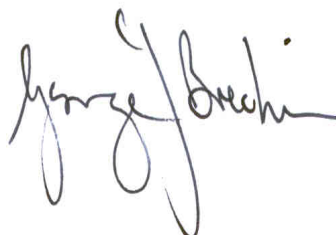
An audit process and timetable of audits has since been produced and the findings will be highlighted in the 2008 report.

Local arrangements will be discussed in this report as the current regional approach to Supervision of Midwives was not fully implemented within the reporting period of this report.



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2. Introduction

Nursing and Midwifery Council (NMC)

The NMC was established under the Nursing and Midwifery Order 2001, as the body responsible for regulating the practice of those professions.

Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised.

The purpose of statutory supervision of midwives is to protect the public and to support and promote good midwifery practice.

The Local bodies responsible for the discharge of those functions are the Local Supervising Authorities (LSAs).

The Local Supervising Authority (LSA)

The LSA is the body responsible in statute for the general supervision of midwives practising within its boundaries.

The South East of Scotland LSA region is made up of NHS Fife (host board), NHS Lothian, NHS Forth Valley and NHS Borders. I was appointed to the post of Local Supervising Authority Midwifery Officer (LSAMO) for the South East of Scotland Region in August 2006 and the purpose of this appointment is to ensure that the LSA function is carried out by a practising midwife as registered by the NMC.

The Chief Executive of the host board, NHS Fife is Mr. George Brechin.

The remaining board Chief Executives are:

NHS Lothian – Professor James Barbour

NHS Forth Valley – Mrs. Fiona McKenzie

NHS Borders – Mr. John Glennie.

The LSA is responsible for ensuring that statutory supervision of midwives is exercised to a satisfactory standard and this is delegated to the Local Supervising Authority Midwifery Officer.

Standards for Local Supervising Authorities

The functions of the LSAs are specified in Article 43 of the Nursing and Midwifery Order 2001.

Article 43 (2)

The Council may prescribe the qualifications of persons who may be appointed by the LSA to exercise supervision over midwives in its area, and no one shall be appointed who is not so qualified.

Article 43 (3)

The Council shall by rules from time to time establish standards for the exercise by LSAs of their functions and may give guidance to LSAs on these matters.

Midwives Rules and Standards – Nursing and Midwifery Council August 2004

Rule 16 – Annual Report

Each year every local supervising authority shall submit a written report to the Council by such date and containing such information as the Council may specify.

Guidance – NMC Circular 15/2007

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

The Report for the South East of Scotland will be available in hard copy at each of the four Health Board Areas and circulated via:

- a. Clinical Governance Committee
- b. Maternity Service Liaison Committee.
- c. Nurse Director
- d. Head of Midwifery

Hard copies of the report will be circulated to all SOMs in the South East Region.

Each of the Health Board areas are in the process of developing web pages related to maternity services and on completion of this piece of work the NMC Annual Report will be posted accordingly.

Within the South East Region a web site is under development and introduction of this service will enable a hyperlink to be available to each of the Maternity Services page within each Health Board.

The annual report will also be available via the South East web site.

4. Number of Supervisors of Midwives appointments, resignations and removals.

There have been no appointments, resignations or removals of any Supervisors of Midwives within the South East Region during the reporting year.

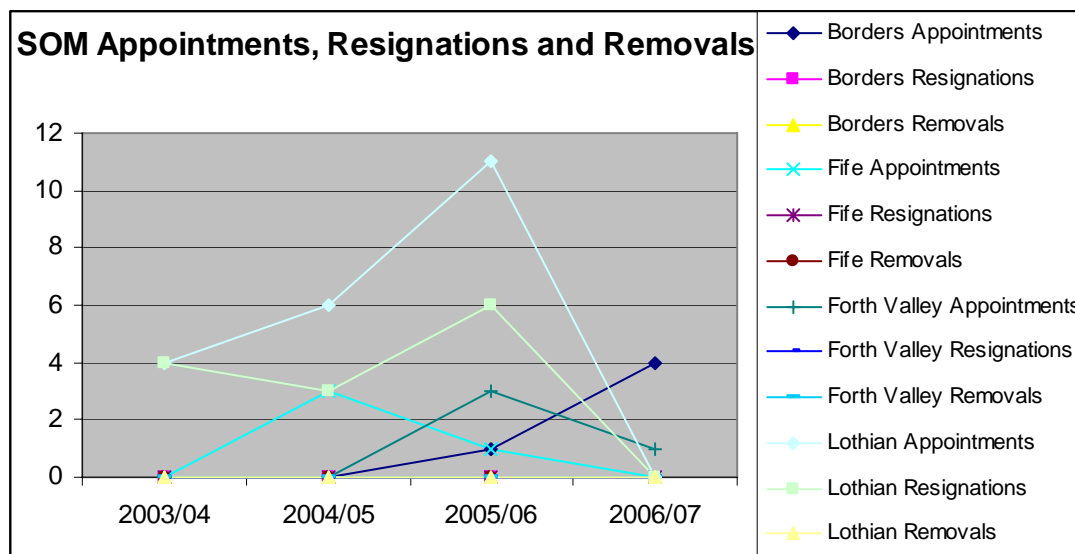
An active campaign is being developed to encourage midwives to undertake Preparation of Supervisors of Midwives Programme.

I have been actively involved with Napier University and other key stakeholders in preparing a new Preparation for Supervisors of Midwives course which is planned for validation November 2007.

Current Data

Number of Supervisors 2003 – 2007				
	2003 - 2004	2004 - 2005	2005 -2006	2006 -2007
NHS Fife	9	12	13	13
NHS Lothian	36	36	39	44
NHS Forth Valley	9	9	12	13
NHS Borders	8	8	9	13

SOM Appointments, Resignations and Removals		2003/04	2004/05	2005/06	2006/07
Borders	Appointments	0	0	1	4
	Resignations	0	0	0	0
	Removals	0	0	0	0
Fife	Appointments	0	3	1	0
	Resignations	0	0	0	0
	Removals	0	0	0	0
Forth Valley	Appointments	0	0	3	1
	Resignations	0	0	0	0
	Removals	0	0	0	0
Lothian	Appointments	4	6	11	0
	Resignations	4	3	6	0
	Removals	0	0	0	0



Ratios of SOM to Midwives 2006/2007

NHS Fife 1: 19

NHS Lothian 1: 12

NHS Forth Valley 1: 18

NHS Borders 1: 7

5. How midwives are provided with continuous access to a SOM

- i. Currently within each of the health board areas midwives are allocated to a Supervisor of Midwives in an attempt to ensure where possible a ratio of 1:15. However all midwives are made aware that should there be either a conflict of interest or any other reason whereby the allocated SOM is not a Supervisor that the midwife or SOM would consider appropriate a process is in place to facilitate a change to the allocation accordingly.
- ii. All SOMs at the point of introduction to supervisees and reiterated at the annual review inform their supervisee of their contact details and the process for contacting a SOM 24/7.
- iii. All Health Board areas within the South East Region of Scotland have in place a 24 hour on call rota for Supervisor of Midwives. All midwives are informed at their appointment and reminded at their annual review of the mechanism of accessing the on call rota which is either via their hospital switchboard or Midwife co-ordinator within their maternity unit.
- iv. Audit process not undertaken during the reporting year.

6. Details of how the practice of midwifery is supervised.

- i. All midwives have an appointed SOM from commencement of employment.
- ii. All midwives and SOMs encouraged to meet annually to undertake a professional review. Formal audit of the compliance of this was not undertaken during reporting year, however it is anticipated that evidence via database mechanism will provide audit trail during next reporting period.
- iii. Informal arrangements are in place when risk management issues are being investigated whereby a midwifery manager and a Supervisor of Midwives may undertake a combined investigation. Process being developed to ensure independent investigation undertaken by a SOM where indicated. SOMs will be involved at maternity risk management meetings in all Health Board areas during next reporting period.
- iv. Supervisors in each of the health board areas meeting regularly with the Contact SOM and the LSAMO.
- v. Contact SOMs from each health board meet regularly with the LSAMO. The Contact SOMs subsequently cascade information received from the LSAMO to all SOMs within their Health Board area. Terms of Reference of this group are included in the appendices – Appendix 1.

National Forum for Statutory Supervision of Midwives in Scotland Group which includes LSAMO, Contact SOMs, and representatives from NHS Quality

Improvement Scotland, NHS Education for Scotland, Scottish Executive Health Department and Royal College of Midwives met during reporting year.

Working Groups - SOM involvement is evident throughout the South East Region within all health board areas and steps have been put in place to ensure that membership on the group is explicit in the context of Supervisor of Midwives as opposed to traditional dual role of SOM and clinical expert/manager.

- vi. Although no conferences either nationally or regionally were planned during the reporting year, Regional Conference dates are scheduled within South East of Scotland Region during next reporting year.
- vii. Each SOM has access to a locked filing cabinet to ensure confidential copies of discussions, reviews and action plans are available and retained for the appropriate period of time.
- viii. There have been no supervised practice programmes required in the South East Region.
- ix. There have been no Suspensions from Practice undertaken during reporting period.
- x. Local guidelines on the Supervision of Midwifery Practice and Professional Standards are available and there is work in progress to adopt a regional approach to Supervisor of Midwifery Practice ensuring best practice

statements already in place are shared across the region. The South East Supervisors Quality Improvement Group is leading on this piece of work under the direction of myself.

Document – Statutory Supervision of Midwives in Scotland – August 2005 is available in all health board areas and accessible to SOMs and midwives in each maternity unit.

No formal monitoring of compliance with LSA Standards visits were undertaken within South East Region during the reporting year. However, timetable of visits throughout the next reporting period were agreed and disseminated to each health board area.

Whilst the LSA Standards were not reviewed NHS Quality Improvement Scotland undertook a monitoring of maternity standards visit within all health board areas in the South East of Scotland during the reporting year.

NHS QIS

The role of NHS QIS is to improve the quality of care and treatment delivered by the health service.

Their purpose is to help the health service deliver:

- i. Consistently high standards of care and equity of access
- ii. Improved outcomes for patients

- iii. Better experiences for patients and carers, and
- iv. Support for NHS staff in the provision of effective clinical practice and service improvements and id making best use of resources.

This is achieved by setting of standards and monitoring performance.

The Maternity Standards monitored were:

Standard One - Planning and provision of service; risk assessment and management; information, communication and support; partner and family involvement and record keeping.

Standard Two – Pre-conception and very early pregnancy

Standard Three – Pregnancy

Standard Four – Childbirth, including pain management

Standard Five – Postnatal and parenthood

I have for the purpose of this report highlighted a few of the commendations made by the review team to each board area. A copy of the full report is available via the NHS QIS website at www.nhshealthquality.org

NHS Borders

Commended for the content and format of local information leaflets provided to women throughout the antenatal and postnatal period of pregnancy.

Commended for the high standard of care provided throughout the maternity service.

NHS Fife

Commended for robust procedures for reporting and recording of all critical incidents which are investigated and monitored by a multidisciplinary clinical risk team.

Commended for training provision which includes additional communication and counselling skills training for all maternity staff involved in supporting families who have experienced the loss of a child.

Commended for its continuity of one to one care provided for all women during the established stages of labour.

NHS Forth Valley

Commended for the robust procedures for reporting and recording of all clinical incidents.

Good system noted to be in place to allow service users to express their views about their experiences during pregnancy and childbirth.

Commended for pregnancy risk and needs assessment toolkit used to help identify women who have risk factors that are likely to need additional care and consultation.

NHS Lothian

Commended on its involvement of the public in the planning of its maternity service.

Commended for its commitment to monitoring a wide range of maternity care activity through comprehensive auditing.

7. Evidence that Service users have been involved in monitoring Supervision of Midwives and assisting Local Supervisory Authority Midwifery Officers with annual audits

During the reporting year as discussed previously there were no Local Supervising Authority audits of Midwifery Supervision undertaken.

All health board areas have in place a Maternity Services Liaison Group where lay representatives and SOMs meet.

Work is currently underway to recruit lay persons onto each of the local SOMs meetings as well as lay representative at the Regional Contact SOM meeting. Although outwith the reporting period to date LSA audits that have taken place have included the involvement of a lay representative, an action that will continue at all future audit visits.

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

All health board areas have a Supervisor of Midwives representative on their education partnership committees. Each higher education institute involves Contact SOM or SOM representative when developing, reviewing or validating their midwifery education programmes.

Each higher education institute involves a SOM in a lecturing role to pre-registration student midwifery programmes of education on the function and application of Statutory Supervision of Midwives.

Napier University provided a Preparation of Supervisor of Midwives module during the reporting year and SOMs in the South East Region of Scotland were involved in lecturing on this course.

Napier University are currently planning submission for validation in November 2007 a new Preparation for Supervisor of Midwives Course which has had input from myself, service providers and educationalists from the South East of

Scotland Region. This work also includes the development of a process to be undertaken for nomination and selection to undertake the programme of education.

9. Details of any new policies related to Supervision of Midwives

No new policies have been developed during the reporting year. However as part of the LSAMO UK Group inclusion onto the development and review of national guidelines has commenced and as such those guidelines will be disseminated to SOMs and midwives throughout the South East Region. This will be achieved via the planned South East web site.

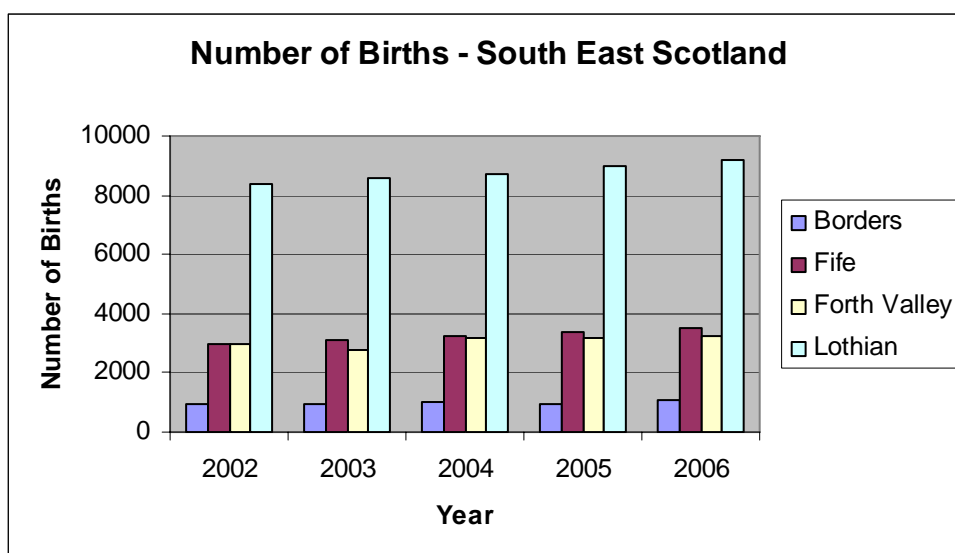
A Supervisors Quality Improvement Group was convened on March 2007. Terms of reference – appendix 2. The group membership is representative of all Health Board areas and policy development and review will be co-ordinated through this.

Minutes and policies relating to the work of this group will be accessible to midwives and the public via the South East web site.

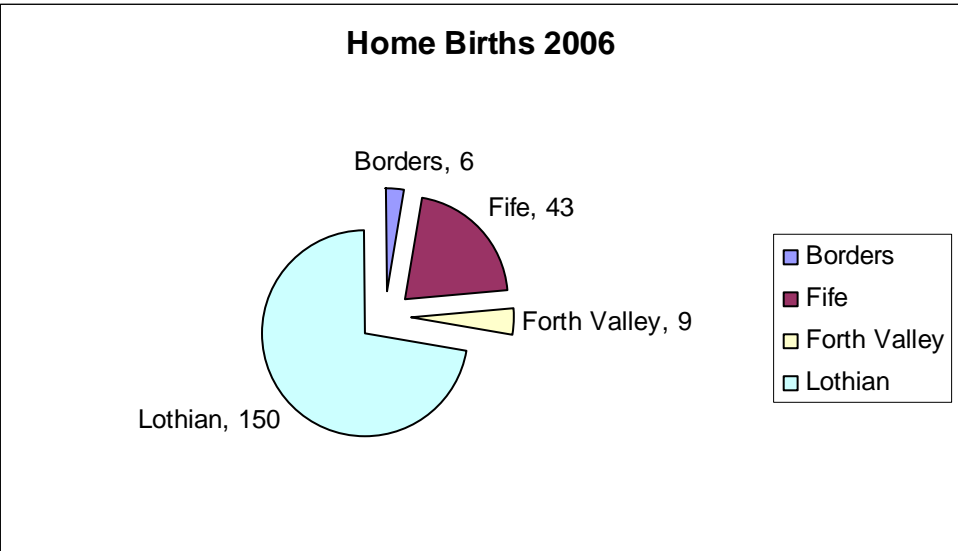
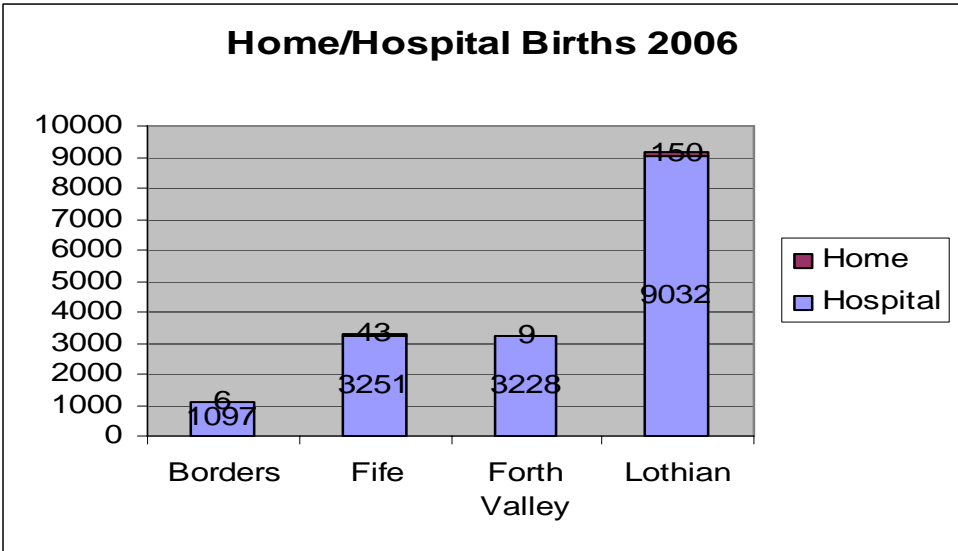
10.Evidence of developing trends affecting midwifery practice in the Local Supervising Authority

Trends Analysis

Number of Births - South East Scotland					
	2002	2003	2004	2005	2006
Borders	969	974	1,012	979	1,103
Fife	2,975	3,075	3,253	3,399	3,546
Forth Valley	2,943	2,778	3,199	3,189	3,237
Lothian	8,383	8,608	8,684	9,020	9,182
Total	15,270	15,435	16,148	16,587	17,068



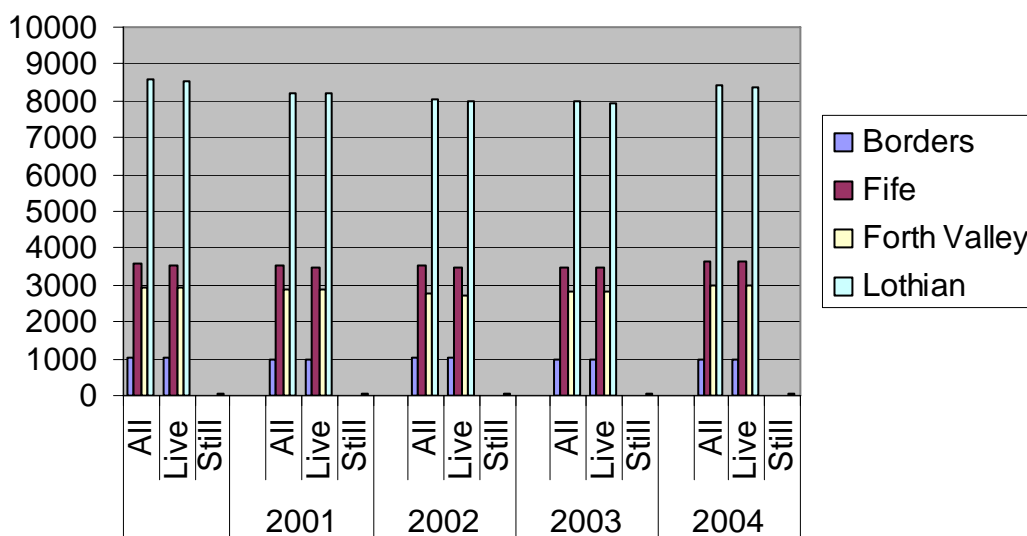
Home/Hospital Births 2006		
	Hospital	Home
Borders	1097	6
Fife	3251	43
Forth Valley	3228	9
Lothian	9032	150



Births by outcome and NHS board (excludes home births and births at non-NHS hospitals) Source: ISD National Statistics Release

		Borders	Fife	Forth Valley	Lothian
2000	All births	1012	3565	2951	8580
	Live Births	1007	3541	2941	8540
	Still Births	5	24	10	40
2001	All births	1002	3518	2892	8228
	Live Births	992	3498	2873	8196
	Still Births	10	20	18	32
2002	All births	1032	3524	2752	8033
	Live Births	1029	3501	2744	8000
	Still Births	2	23	7	34
2003	All births	971	3498	2832	7976
	Live Births	968	3484	2817	7940
	Still Births	3	14	15	36
2004	All births	990	3637	2985	8413
	Live Births	984	3615	2971	8368
	Still Births	6	21	14	50

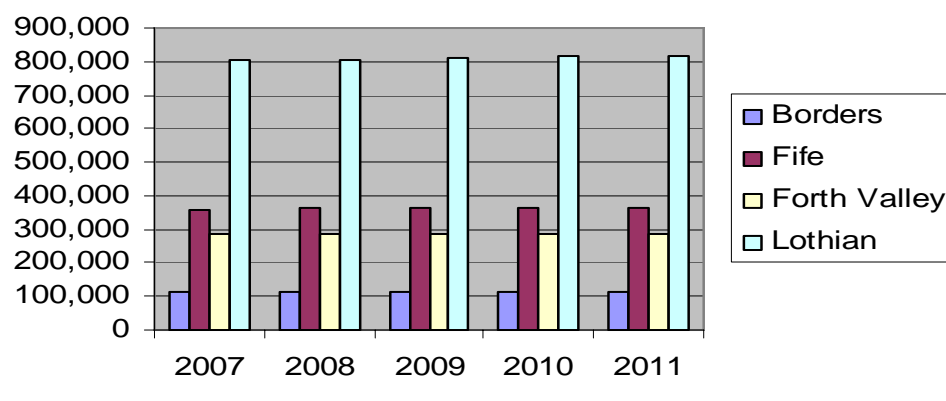
Births by Outcome 2000 -2004



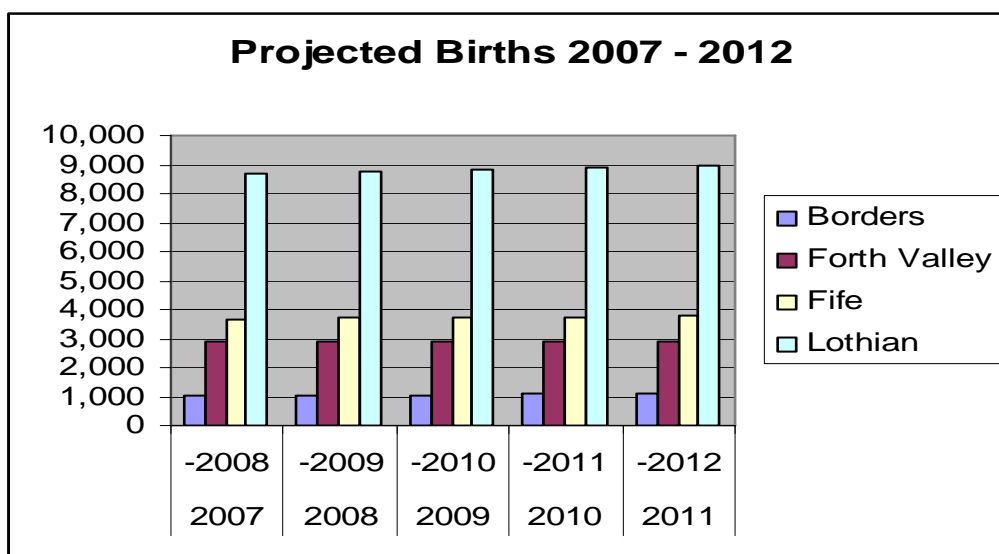
Projected population by NHS board area 2007-2011 (Source: GROS 2004-based, available for 2004-2024)

	2007	2008	2009	2010	2011
Borders	111,957	112,697	113,437	114,180	114,931
Fife	360,582	361,983	363,406	364,860	366,336
Forth Valley	285,709	286,400	287,069	287,740	288,421
Lothian	803,876	807,472	811,179	814,975	818,875

Projected Population by NHS Board 2007 - 2011

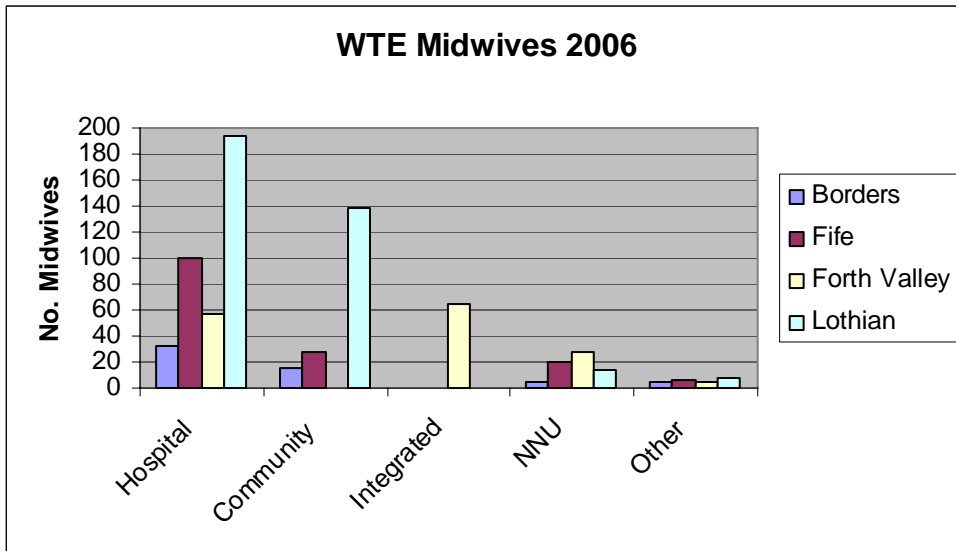


Projected births by NHS board area (Source: GROS 2004-based, 2007-2012)					
	2007	2008	2009	2010	2011
	-2008	-2009	-2010	-2011	-2012
Borders	1,045	1,051	1,060	1,070	1,083
Forth Valley	2,899	2,887	2,876	2,876	2,869
Fife	3,672	3,693	3,718	3,751	3,787
Lothian	8,669	8,739	8,813	8,900	8,993



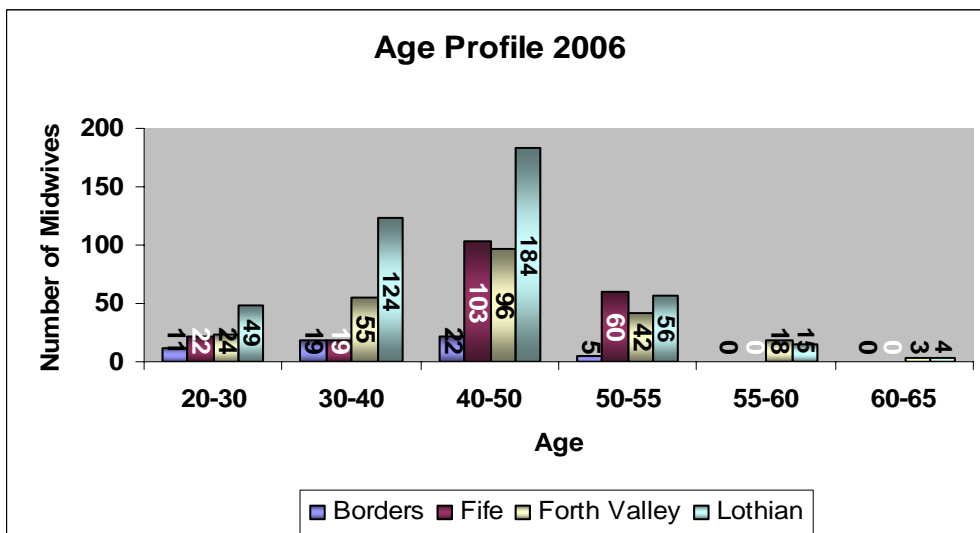
Workforce Analysis

WTE Midwives 2006					
	Hospital	Community	Integrated	NNU	Other
Borders	31.70	15.90	0.00	4.80	5.00
Fife	99.70	28.30	0.00	20.50	6.30
Forth Valley	56.30	0.00	64.44	28.42	4.70
Lothian	193.21	138.58	0.00	13.97	7.20
Total	380.91	182.78	64.44	67.69	23.20



Age Profile 2006

	Borders	Fife	Forth Valley	Lothian
20-30	11	22	24	49
30-40	19	19	55	124
40-50	22	103	96	184
50-55	5	60	42	56
55-60	0	0	18	15
60-65	0	0	3	4
Total	57	234	238	432



Methodology for collecting data was via South East & Tayside Regional Planning Group, Information Registrar General and Information and Statistics Division, Scottish Executive Health Department.

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

There were no recorded complaints regarding discharge of supervisory function received in any of the health board areas within South East Region of Scotland.

No formal process exists within the South East region at present. Work ongoing to develop and disseminate process to the public via web site and Maternity Services Liaison Group.

12. Reports on all Local Supervisory Authority investigations undertaken during the year.

There were no supervisory investigations undertaken during the reporting year.

Work ongoing via Supervisor Quality Improvement Group to develop an untoward incident reporting form and flowchart of process to be adopted by SOMs which will replace informal process of Head of Midwifery/Contact SOM or Risk Management midwife being point of contact between LSAMO and maternity unit.

There have been no supervised practice programmes in place in any of the health board areas during the reporting period.

Neither the LSA nor LSAMO has conducted or participated in any investigations.

The LSA communicates with the NMC via the midwifery department and by participation at the NMC/LSAMO Strategic Reference Group meetings.

No referrals have been made to the NMC from the South East of Scotland Region during the reporting period.



South East Regional Contact Supervisor of Midwives Forum

Terms of Reference

Objectives:-

- ❖ Promoting and developing Supervision of Midwives in the South East of Scotland
- ❖ Informing, leading, influencing and debating midwifery practice, education and supervisory issues within the South East Region
- ❖ Promoting and developing women focus and public involvement links
- ❖ Ensuring Chief Executives, Nurse Directors and Professional Leads for Midwifery within the South East Region are appraised of issues relating to midwifery practice, education and supervision within the South East Region
- ❖ Ensuring that midwives in the South East Region are fully appraised of regulatory and statutory issues relevant to midwifery practice, education and supervision by NMC and cascaded via the supervisory structure
- ❖ Providing a forum for reciprocal communication and sharing of experiences related to midwifery practice, education and statutory supervision
- ❖ Providing 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

Membership

LSAMO, and Contact Supervisors of Midwives. Others may be co-opted as required

Chair

Meetings will be chaired by the LSAMO

Meetings

The Forum will meet every three months.

December 2006



Supervisors Quality Improvement Group (SQIG) **Terms of Reference**

Objectives:-

- ❖ Promoting and developing Supervision of Midwives in the South East of Scotland
- ❖ Informing and debating midwifery practice, education and supervisory issues within the South East Region
- ❖ Promoting and developing women focus and public involvement links
- ❖ Developing evidence based guidelines to promote women centred care
- ❖ To develop strategies to raise the profile of Statutory Supervision of Midwives in the South East Region
- ❖ Providing a forum for reciprocal communication and sharing of experiences related to midwifery practice, education and statutory supervision
- ❖ To develop Women focused Supervision of Midwives leaflets for Midwives and the Public

Membership

LSAMO, and Supervisors of Midwives. Others may be co-opted as required

Chair

Meetings will be chaired by the LSAMO

Meetings

The Forum will meet every three months

March 2007

