



SOUTH EAST SCOTLAND  
LOCAL SUPERVISING AUTHORITY

ANNUAL REPORT TO THE NURSING AND  
MIDWIFERY COUNCIL

APRIL 2007– MARCH 2008



Yvonne Bronsky  
Local Supervising Authority Midwifery Officer

September 2008

# CONTENTS

		<b>Page</b>
<b>1.</b>	Executive Summary	<b>2</b>
<b>2.</b>	Introduction	<b>4</b>
<b>3.</b>	How The LSA Report Is Made Available	<b>10</b>
<b>4.</b>	Number Of SoM Appointments, Resignations And Removals	<b>11</b>
<b>5.</b>	Continuous Access to a SoM	<b>14</b>
<b>6.</b>	How Practice Of Midwifery Is Supervised	<b>15</b>
<b>7.</b>	Service User Involvement	<b>23</b>
<b>8.</b>	HEI Engagement	<b>24</b>
<b>9.</b>	New Policies	<b>25</b>
<b>10.</b>	Trend Analysis	<b>27</b>
<b>11.</b>	Complaints	<b>31</b>
<b>12.</b>	Reports On Investigations	<b>32</b>
<b>13.</b>	Conclusion	<b>34</b>
<b>Appendix i</b>	Statutory Supervision of Midwives Standards – Audit Tool	<b>36</b>
<b>Appendix ii</b>	Pre Audit Questionnaire - Midwives	<b>50</b>
<b>Appendix iii</b>	Pre Audit Questionnaire – Supervisors of Midwives	<b>52</b>
<b>Appendix iv</b>	Midwifery Supervision Information Poster	<b>54</b>
<b>Appendix v</b>	Midwifery Supervision Patient Information Leaflet	<b>55</b>
<b>Appendix vi</b>	SE Scotland Supervisor of Midwives Conference Agenda	<b>57</b>
<b>Appendix vii</b>	Reporting and Monitoring of Serious Incidents and Events, Process of Investigation and Reporting to the LSA – Guidelines	<b>58</b>
<b>Appendix viii</b>	Application Pack – Preparation of Supervisors of Midwives Module	<b>75</b>
<b>Appendix ix</b>	Board Trend Analysis	<b>84</b>

## **1. Executive Summary.**

The purpose of this report is to inform the South East of Scotland Region, the Nursing and Midwifery Council and the General Public of how the four NHS Health Boards namely Borders, Fife, Forth Valley, and Lothian are meeting the standards set within the Nursing and Midwifery Council (NMC) Rules and standards (2004). The submission of this report meets the requirements of Rule 16.

Statutory Supervision of Midwives is integral to midwifery practice and over the last few years within the South East of Scotland midwifery supervision has been an integral part of the clinical governance systems within each of the Health Boards.

It is the responsibility of each individual Health Board which forms the South East Region to ensure that there is compliance with the Local Supervising Authority (LSA) Standards and that the activities of the Supervisors of Midwives are such that they promote safe and high quality of care for women and their babies, achieved through a robust system of monitoring standards of midwifery practice and by actively promoting a safe standard of midwifery practice.

This report will highlight the main points of activity as undertaken through Statutory Supervision of Midwives during the practice year 1<sup>st</sup> April 2007 to 31<sup>st</sup> March 2008, demonstrated as follows:-

- Methodology of assessing compliance with the NMC rules and standards
- LSA audit findings pertaining to individual Health Boards
- Self Assessment analysis of the South East Region performance against the NMC Rules
- Evidence that a framework exists to provide equitable Supervision for ALL midwives irrespective of employer
- Evidence that a framework exists which supports supervisory and midwifery practice
- Evidence that a robust communication network is available which facilitates effective exchange of information between Supervisors, midwives, women and their families, LSAs and Statutory Bodies.

Yvonne Bronsky

George Brechin

Yvonne Bronsky  
LSAMO  
5 Barrachnie Avenue  
Glasgow  
G69 6SR

George J Brechin  
Chief Executive  
NHS Fife  
Hayfield House  
Hayfield Road  
KIRKCALDY  
KY2 5AH

07767 478438  
[Yvonne.bronsky@nhs.net](mailto:Yvonne.bronsky@nhs.net)

01592 648080  
[George.brechin@nhs.net](mailto:George.brechin@nhs.net)

## **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 includes NHS Fife (host board), NHS Lothian, NHS Forth Valley and NHS Borders.

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

The remaining board Chief Executives are:

NHS Lothian – Professor James Barbour

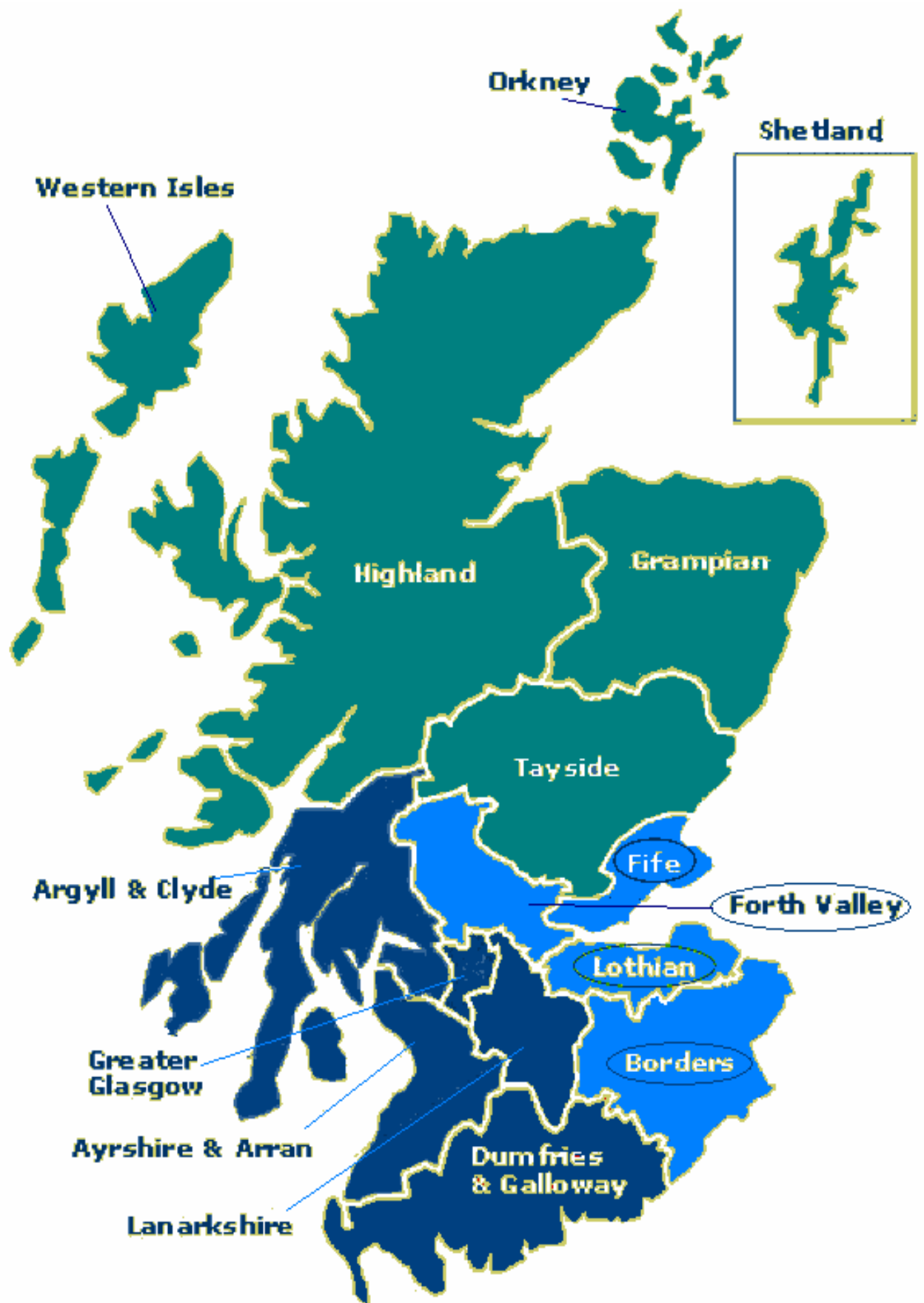
NHS Forth Valley – Mrs. Fiona McKenzie

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 (LSAMO) Yvonne Bronsky.

The role of the LSA is to:

- Monitor maternity services interface with Clinical Governance structures to identify trends and provide a framework for continuous improvement
- Monitor service developments and reconfiguration to ensure that safety and quality is assured
- Monitor safe staffing levels, workforce planning and professional development to ensure women are able to access services which are fit for purpose
- Contribute to education to ensure that curriculum planning and development reflects the needs of a modern maternity service.



## South East Scotland Region Local Supervising Authority.

	Borders	Fife	Forth Valley	Lothian	Total
Population	111,430	360,428	288,473	809,764	1,570,095
Area Size Sq Meters	4,732	1,325	2,633	1,760	10,450
Women Age 15 -44	19,551	71,917	59,227	184,723	335,418

There are five consultant led maternity units located within the LSA region which includes one midwifery led unit sited adjacent to an obstetric led labour suite. The geographical area within all the Health Boards comprises of a mixture of both urban and rural settings. An increased ethnic minority population is evident throughout the LSA as is the increase in number of teenage pregnancies. Further work is planned to look at the effect of teenage pregnancies and the services provided to care for this client group.

Social deprivation is mirrored throughout the LSA as are the challenges to provide a maternity service which is equitable and fit for purpose.

<b>Projected births by NHS board area (Source: GROS 2004-based, 2007-2012</b>					
	2007 -2008	2008 -2009	2009 -2010	2010 -2011	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



## **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.

Within the Order the LSA has a statutory responsibility to:

- Exercise general supervision in accordance with the secondary legislation the Midwives Rules and standards (NMC 2004)
- Report to the Nursing and Midwifery Council a midwife where fitness to practise is impaired
- Suspend from practice a midwife where the Midwives Rules and standards have been contravened as determined by the Midwifery Officer

The LSA appoints a Midwifery Officer (LSAMO) who has the qualifications prescribed by the NMC. The Midwifery Officer ensures that the 54 standards contained within the Midwives Rules and standards (NMC 2004) are fulfilled.

### **Statutory Supervision of Midwives.**

Statutory supervision of midwives has operated within the United Kingdom for well over 100 years. It has developed to become a means by which midwives are supported in, and with, their practice. As a modern regulatory practice, statutory supervision of midwives supports protection of the public by:

- Promoting best practice and excellence in care
- Preventing poor practice
- Intervening in unacceptable practice NMC (2006)

All practising midwives in the United Kingdom are required to have a named Supervisor of Midwives (SoM). A SoM is a practising midwife who has at least three years experience and has successfully undertaken a preparation course in midwifery supervision.

The LSA appoints SoMs to monitor on behalf of the LSA, the practice of midwives against the standards set by the Nursing and Midwifery Council with the aim of ensuring safe practice for the protection of the public. The

SoM role includes supporting midwives and /or their employers when additional support is needed for a midwife to ensure safety of the public.

**Midwives Rules and standards – Nursing And Midwifery Council  
August 2004.**

**Rule 16 – Annual Report.**

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

**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:

- Clinical Governance Committees
- Maternity Service Liaison Committees.

The report will be posted on the South East Region web site [www.midwiferysupervision.scot.nhs.uk](http://www.midwiferysupervision.scot.nhs.uk) a hyperlink to this web site is present on each health board's web site within the LSA region.

The report will also be circulated to:

Scottish Government Health Department Chief Nursing Officer

Royal College of Midwives

Higher Education Institutes within the LSA

National Childbirth Trust

All SoMs within the South East Region

NHS Education for Scotland

NHS Quality Improvement Scotland

Nursing and Midwifery Council

#### **4. Number Of Supervisors Of Midwives Appointments, Resignations And Removals.**

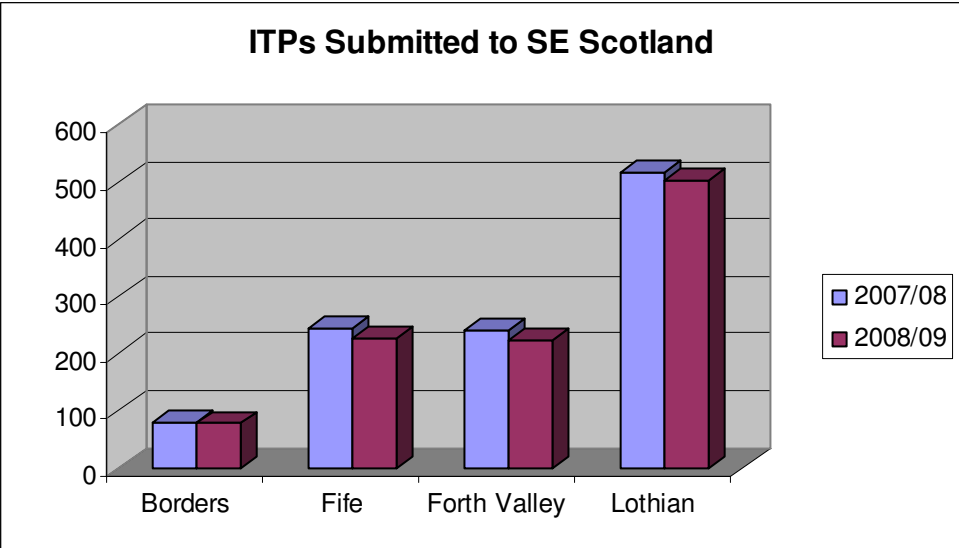
There has been one appointment, 6 resignations and no removals of Supervisors of Midwives within the South East Region during the reporting year. The resignations were as a result of retirements and relocation of midwifery posts.

An active campaign was developed to encourage midwives to undertake the Preparation of Supervisors of Midwives Module, the result being that 8 student Supervisors of Midwives are currently undertaking the Preparation module at Napier University.

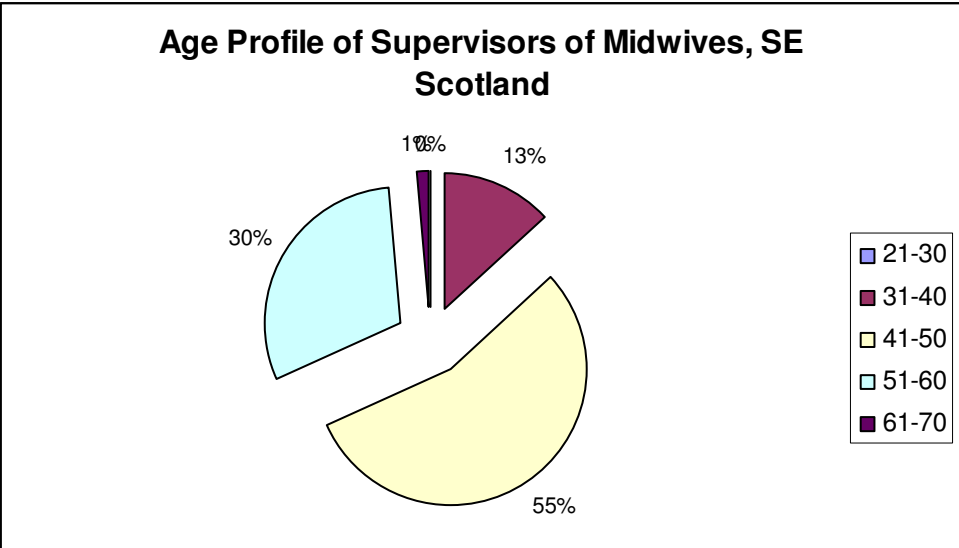
The LSAMO was actively involved with Napier University and other key stakeholders in preparing a new Preparation for Supervisors of Midwives module which was validated in November 2007 and the first cohort commenced the course in February 2008. A number of SoMs and the LSAMO from the South East Region have subsequently undertaken lectures throughout the course.

<b>Number of Supervisors 2003 – 2008</b>					
	<b>2003 - 2004</b>	<b>2004 - 2005</b>	<b>2005 - 2006</b>	<b>2006 - 2007</b>	<b>2007 - 2008</b>
<b>NHS Fife</b>	9	12	13	13	13
<b>NHS Lothian</b>	36	36	39	44	40
<b>NHS Forth Valley</b>	9	9	12	13	13
<b>NHS Borders</b>	8	8	9	13	12

<b>SoM Appointments, Resignations and Removals</b>						
		<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
<b>Borders</b>	<b>Appointments</b>	0	0	5	0	0
	<b>Resignations</b>	0	0	0	0	1
	<b>Removals</b>	0	0	0	0	0
<b>Fife</b>	<b>Appointments</b>	0	3	1	0	0
	<b>Resignations</b>	0	0	0	0	0
	<b>Removals</b>	0	0	0	0	0
<b>Forth Valley</b>	<b>Appointments</b>	0	0	3	1	0
	<b>Resignations</b>	0	0	0	0	0
	<b>Removals</b>	0	0	0	0	0
<b>Lothian</b>	<b>Appointments</b>	4	6	11	0	1
	<b>Resignations</b>	4	3	6	0	5
	<b>Removals</b>	0	0	0	0	0



Ratio SoM to Midwives		
	2006/2007	2007/2008
NHS Fife	1:19	1:17
NHS Lothian	1:12	1:15
NHS Forth Valley	1:18	1:16
NHS Borders	1:7	1:6



## **5. How Midwives Are Provided With Continuous Access To A SoM.**

- i. 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.
  
- ii. 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. The system adopted by each of the Boards was verified during the LSA audits. Subsequently three out of four of the Board areas have opted to nominate the on call SoM to be the investigating SoM should an incident occur during her on call period which subsequently requires a supervisory investigation to be undertaken. Measures are in place should this arrangement not be feasible i.e. the on call SoM is the named SoM of the midwife involved in the incident requiring investigation.

LSA national audit standard 4.1

*Evidence required to demonstrate that there is 24 hour access to supervisors for all midwives, irrespective of their place of employment*

- iii. 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. This standard is being met in three out of four of the Health Board areas within the region. However all midwives are made aware that should there be either a conflict of interest or any other reason i.e. 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.

LSA national audit standard 4.2

*Evidence required that demonstrates each midwife has a named Supervisor of Midwives, of his/her own choice with the option to change to another*

## **6. Details Of How The Practice Of Midwifery Is Supervised.**

### **6.1.1 Intention to Practise.**

*Rule 3 sub para 2 “A midwife shall give notice to each local supervising authority in whose area she intends to practise or continue to practise”*

*(NMC 2004)*



All midwives are sent a pre printed Intention to Practise form from the NMC on commencement of eligibility to practise and annually thereafter. The midwife completes this form and submits it to her named Supervisor of Midwives who will subsequently sign it and confirm that a meeting has taken place between the SoM and the midwife during the previous practice year.

This meeting is an opportunity for the SoM and the midwife to reflect on the midwife's eligibility to practise and identify any professional needs relevant to her sphere of practice. An action plan is agreed and record of the meeting logged onto the LSA database. The database was introduced in February 2008 and provides SoMs with a secure location for their supervisory review records and a central confidential password protected point of access where the details of all midwives who have submitted an intention to practise form in the South East Region is maintained.

Further verification of access to a SoM has been tested through the link to the national database which commenced February 2008. The database entry identifies evidence of meeting the standard via the information transferred from the Intention to Practise Form.

## 6.1.2 LSA Audit Process.

### *Rule 13 LSA Standard*

*The local supervising authority midwifery officer will complete an annual audit of the practice of supervision of midwives within the LSA area to ensure the requirements of the NMC are met*

LSA Audits 2007/2008			
	Date	Venue	Review Team
<b>NHS Fife</b>	4-5 June 2007	Forth Park Maternity Hospital	LSAMO, 2 Contact SoMs, Lay rep
<b>NHS Forth Valley</b>	29-30 August 2007	Stirling Maternity Hospital	LSAMO, 3 Contact SoMs, Lay rep from MLSC
<b>NHS Lothian</b>	7-8 November 2007	Edinburgh Royal Hospital	LSAMO, 3 Contact SoMs, Lay rep from MLSC
<b>NHS Borders</b>	5-6 February 2008	Borders General Hospital	LSAMO, 3 Contact SoMs, Lay rep from MLSC

Audit visits were undertaken in all maternity units during this reporting year using the National UK Standards Tool (**Appendix i**)

The process undertaken was that of a self/peer review approach. A self assessment exercise to support compliance with the NMC standards as reflected in the audit tool was prepared by the team of SoMs and submitted to the LSAMO two weeks ahead of the unit visit. This evidence provided information relating to the documentary evidence used in support against each criterion as referred to in the five standards to be audited.

Questionnaires were sent ahead of the planned visit to clinically based midwives (**Appendix ii**) and to SoMs. (**Appendix iii**)

Each audit visit was undertaken by myself, a lay representative and the contact SoMs from the remaining three Health Board areas within the South East Region. There were no student SoMs undertaking a preparation module during this reporting year however all future audit teams will include a student SoM.

The audit visit commenced with the audit team reviewing and verifying the evidence as supplied by the SoMs. Focus group meetings were then held with in-patient users and user group representatives, student midwives, clinically based midwives, SoMs and midwifery managers including the risk manager. These focus groups provided an opportunity for examples of best practice to be discussed as well as an opportunity to highlight any areas of particular concern.

The audit visit concluded with a number of presentations made by SoMs where the opportunity was taken to highlight examples of how Statutory Supervision was influencing women centred care and the planning of new or additional maternity services. The presentations were made to the Audit review team, Chief Executive of the Health Board, Chairman of the Health Board, Nurse Director, Clinical Director, Head of Midwifery, Service Manager and Clinical Governance Lead.

A verbal feedback was provided by myself and a full written report provided within one month of the visit. Action plans were then discussed at each monthly local SoM meeting thereafter.

It is anticipated that a trend analysis of compliance with standards will be undertaken during the next reporting year when evidence will be available to facilitate this.

### **6.1.3 Responsibility and Sphere of Practice.**

*Rule 6 Standard A midwife must make sure the needs of the woman or baby are the primary focus on her practice (NMC 2004)*

Supervisors of Midwives within the South East Region have actively ensured that their role as a SoM is recognised and recorded whenever maternity services are being discussed or planned. Examples of this include, Local Clinical Guideline Development Groups, Board Clinical Governance Groups, Maternity Strategy Planning Groups, Maternity Service Liaison Groups and any group whereby stakeholders from within the health service and outwith i.e. Local Councils, Education and other partners of healthcare teams are present. An example of best practice is evident within NHS Fife where a SoM recently received a Highly Commended Award in the 2007/08 Nursing Times Awards for her work in caring for women with substance misuse. The type of care available to women in NHS Fife is being shared throughout the region amongst the Supervisory network and SoMs are actively pursuing the introduction of a

similar care package to this ever increasing client group. This approach has heightened the awareness and purpose of Statutory Supervision of Midwives and that of the role and responsibility of Supervisors of Midwives. Successful implementation of this approach has ensured that women and babies needs are being focussed, planned and met.

#### **6.1.4 The Supervision of Midwives.**

*Rule 12 LSA standard Supervisors of Midwives are available to give guidance and support to women accessing maternity services (NMC 2004)*

The Supervisors Quality Improvement Group (SQIG) designed a poster (**Appendix iv**) and a leaflet for women (**Appendix v**) this followed a long period of consultation with lay representatives' current users of the service, peers and the South East Region team of Supervisor of Midwives. The poster is now clearly visible in all clinical areas within each of the maternity units – evidence of this was confirmed at each of the LSA audits. The leaflet is given to every women booking for maternity services within the South East Region and is available on the South East web site.

[www.midwiferysupervision.scot.nhs.uk](http://www.midwiferysupervision.scot.nhs.uk).

*Rule 12 LSA standard provide for the Local supervising authority midwifery officer to have regular meetings with supervisors of*

*midwives to give support and agree strategies for developing key areas of practice. (NMC 2004)*

Each Health Board team of SoMs meet monthly or bi monthly at which the LSAMO regularly attends to offer guidance, support and update with regard to the Regional, Scottish and National scene. An audit of attendance at these meetings is planned for the next reporting year in line with a review of Supervisors of Midwives meeting the outcomes expected of their role. Regular six weekly meetings are held with the LSAMO and the Supervisors Quality Improvement Group membership of which consists of two SoMs from each Health Board and a lay member. The aim of this group is to develop strategies and guidelines to promote Statutory Supervision as well as raise the profile and benefits to mothers and midwives of Statutory Supervision. Six weekly meetings are held with the LSAMO and the four Contact Supervisors of Midwives where there is an opportunity to share good practice and offer peer support in the development and implementation process of national, regional and local policy initiatives.

An annual conference was held on two separate occasions throughout the reporting year. This was well attended and evaluated positively in respect of meeting the outcomes of the SoMs in relation to role and responsibility clarification as well as providing an opportunity to attain Supervisor of Midwives role development skills. Conference agenda attached (**Appendix vi**). An annual conference for SoMs in the South East Region will be

standard and the programme will reflect current needs and those highlighted via the conference evaluation process.

#### **6.1.5 Role of LSA.**

*Rule 15 LSA standard - to ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will develop mechanisms to ensure that a local supervising authority midwifery officer is notified of all such incidents (NMC 2004)*

It became apparent throughout the reporting period that there was some confusion amongst the SoMs in the South East Region in relation to their Supervisor of Midwives role and responsibility in identifying and investigating area of concerns surrounding midwifery practice or maternity care. With this in mind a large focus of the annual conference centred on the SoM investigatory process and procedure to be followed upon identification of any cause for concern or poor unexpected outcome of mother or baby. The Supervisors Quality Improvement Group (SQIG) developed a South East Region guideline related to sudden unexpected outcomes and supervisory investigation. **(Appendix vii)** which was circulated to all SoMs in the South East Region and SoMs were advised that future supervisory investigations should be undertaken using the agreed process and documentation should be provided on the agreed template, the aim of this approach was to allow future benchmarking and trend analysis to be undertaken by the LSAMO.

Access to the guideline is available via the South East web site.

[www.midwiferysupervision.scot.nhs.uk](http://www.midwiferysupervision.scot.nhs.uk)

## **7. Evidence That Service Users Have Been Involved In Monitoring Supervision Of Midwives And Assisting Local Supervisory Authority Midwifery Officers With Annual Audits.**

Lay representatives have been integral to the work of SQIG and as such during the development of the poster and patient leaflet many focus groups were held in each of the Health Board areas both in the hospital and community setting. It is anticipated that a lay representative will join the Supervisors Quality Improvement Group which meets centrally. The distance and inconvenience of travel has been one of the disadvantages raised by lay persons who have been involved with assisting in the development of work undertaken to date by the group, however it is hoped that the involvement of the lay person will be on a rotating basis and therefore the commitment of current and future user involvement will be maintained.

Each Health Board has lay representation on their Maternity Services Liaison Group and this source was utilised during their LSA audit.

The views of users was obtained prior to and during each of the LSA audits by means of questionnaires, focus groups and one to one interviews. A lay representative was a valuable member of each of the



audit teams and conducted one to one interviews with in-patients during the audit visit and provided valuable written and verbal feedback throughout the process.

A lay representative was included in the Preparation for Supervisors module planning group and contributed to the subsequent validation event.

Two lay representatives have met frequently with the LSAMO to discuss care of women with Supra Pubic Dysfunction, this opportunity has led to an invite for them to attend and present their findings and recommendations on the subject at the next South East Region LSA Conference for SoMs.

## **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 the LSAMO, 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. There are currently three SoMs of midwives employed as Midwifery Lecturers based in one of the universities within the South East Region.

Napier University provided a new Preparation of Supervisor of Midwives module during the reporting year and the LSAMO and SoMs in the South East Region of Scotland were involved in lecturing on this course. The introduction of this new module necessitated the need to develop a process for applications and interviewing of prospective students (**Appendix viii**). An evaluation of the module will be undertaken during the next reporting year. The current student SoMs have all attended at least one of the Supervisors Quality Improvement Group meetings and all have attended their local SoMs meetings, one has opted to shadow the LSAMO at several meetings. A number have had the opportunity to attend an NMC Fitness to Practise hearing held within the LSA area and reported this as an invaluable experience. Their experiences gained whilst undertaking the module will be shared at the Annual South East Region SoMs Conference via a Power Point presentation and discussion.

#### **9. Details Of Any New Policies Related To Supervision Of Midwives.**

A number of policies and guidelines have been developed during the reporting period, all of which are accessible via the South East web site [www.midwiferysupervision.scot.nhs.uk](http://www.midwiferysupervision.scot.nhs.uk)

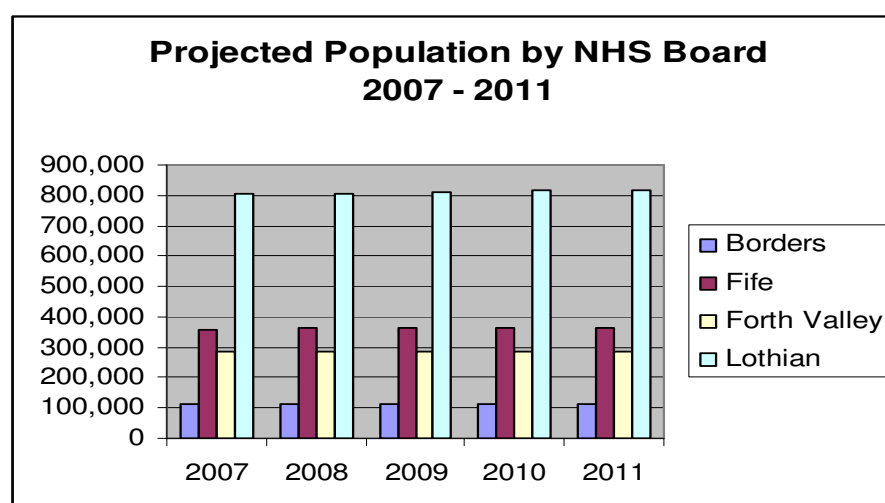
- Supervision of Midwives working in Neonatal Units
- Maternal Death Guideline
- South East LSA Audit Process
  1. Aims of the audit
  2. LSA Standards
  3. SoM Questionnaire ~ pre visit and during visit
  4. Midwives Questionnaire ~ pre visit and during visit
  5. User Questionnaire
  6. Audit Questionnaire
  7. Reporting Template
- Preparation of Supervisors of Midwives Module
  1. Application pack for Preparation of SoM module
  2. Person Specification
  3. Supporting paper for nomination as a SoM
- Sudden Unexpected Incident Guideline
  1. Reporting and monitoring of SUIs
  2. Process of Investigation and Reporting to LSA
- Appeals process against decision to suspend a midwife by the LSA
- Poster – Information about the LSA
- Patient Information Leaflet about LSA and Statutory Supervision of Midwives

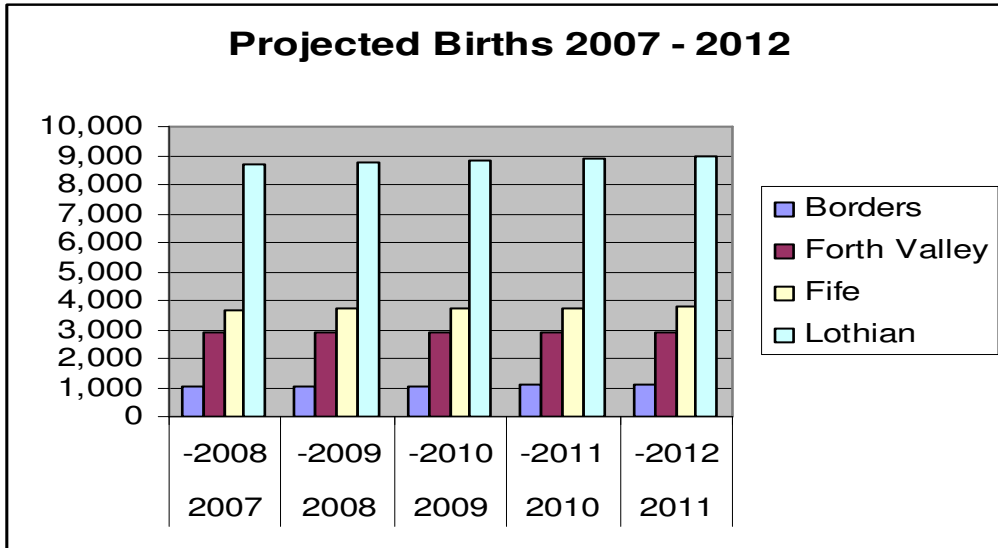
## 10. Evidence Of Developing Trends Affecting Midwifery Practice In The Local Supervising Authority.

The following information is pertinent to the LSA as a whole; however individual board trend analysis is available as **Appendix ix**.

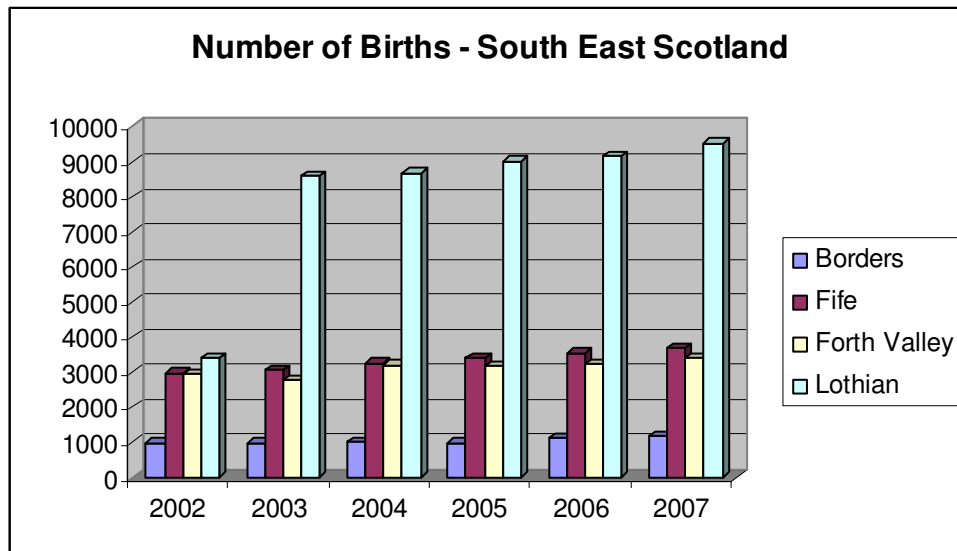
### Trends Analysis

Projected population by NHS board area 2007-2011 (Source: GROS 2004-based, available for 2004-2024)					
	2007	2008	2009	2010	2011
<b>Borders</b>	111,957	112,697	113,437	114,180	114,931
<b>Fife</b>	360,582	361,983	363,406	364,860	366,336
<b>Forth Valley</b>	285,709	286,400	287,069	287,740	288,421
<b>Lothian</b>	803,876	807,472	811,179	814,975	818,875

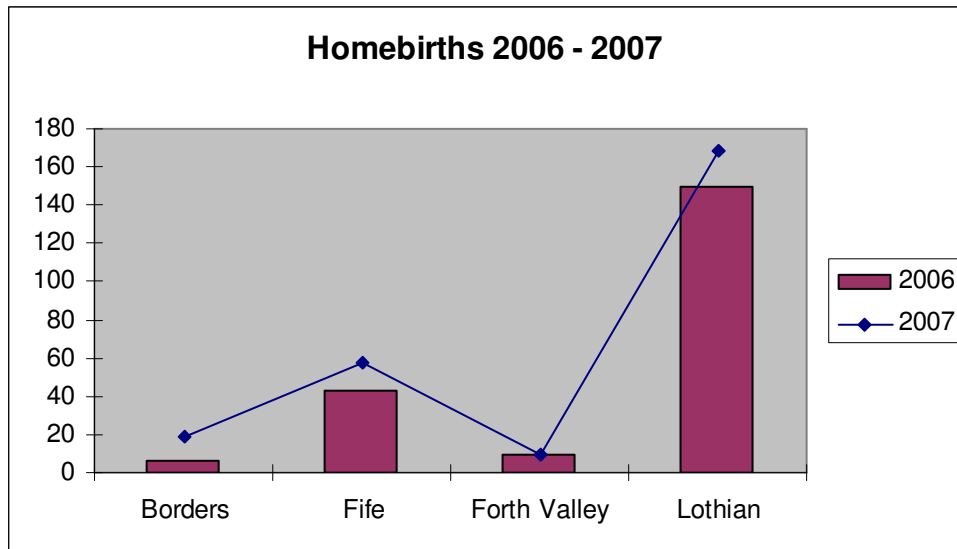




Number of Births - South East Scotland						
	2002	2003	2004	2005	2006	2007
<b>Borders</b>	969	974	1,012	979	1,103	1,167
<b>Fife</b>	2,975	3,075	3,253	3,399	3,546	3,693
<b>Forth Valley</b>	2,943	2,778	3,199	3,189	3,237	3,414
<b>Lothian</b>	3,383	8,608	8,684	9,020	9,182	9,531
<b>Total</b>	<b>15,270</b>	<b>15,453</b>	<b>16,148</b>	<b>16,587</b>	<b>17,068</b>	<b>17,805</b>

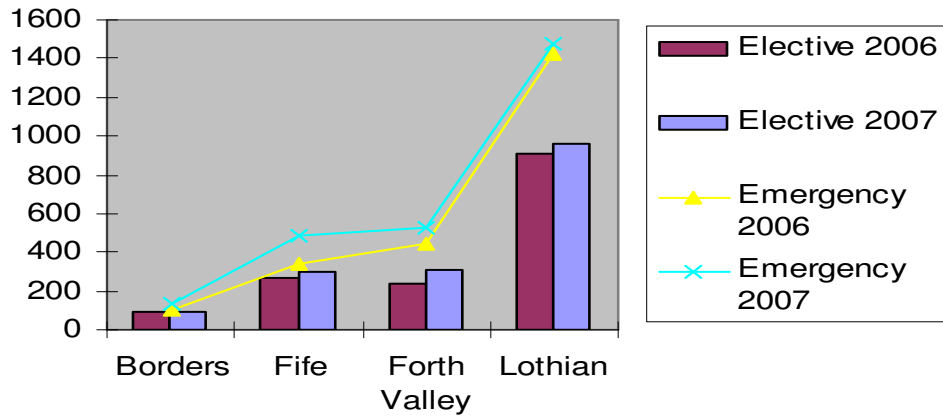


Home Births 2006 - 2007				
	Borders	Fife	Forth Valley	Lothian
2006	6	43	9	150
2007	19	58	9	169

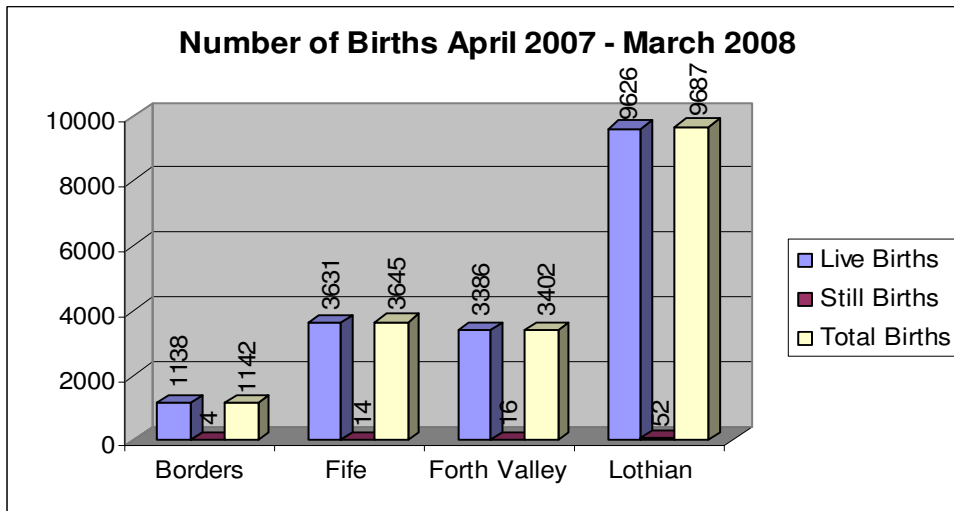


Caesarean Sections 2006 - 2007					
		Borders	Fife	Forth Valley	Lothian
Elective	2006	90	269	237	913
	2007	95	297	308	964
Emergency	2006	106	341	446	1424
	2007	137	485	531	1471

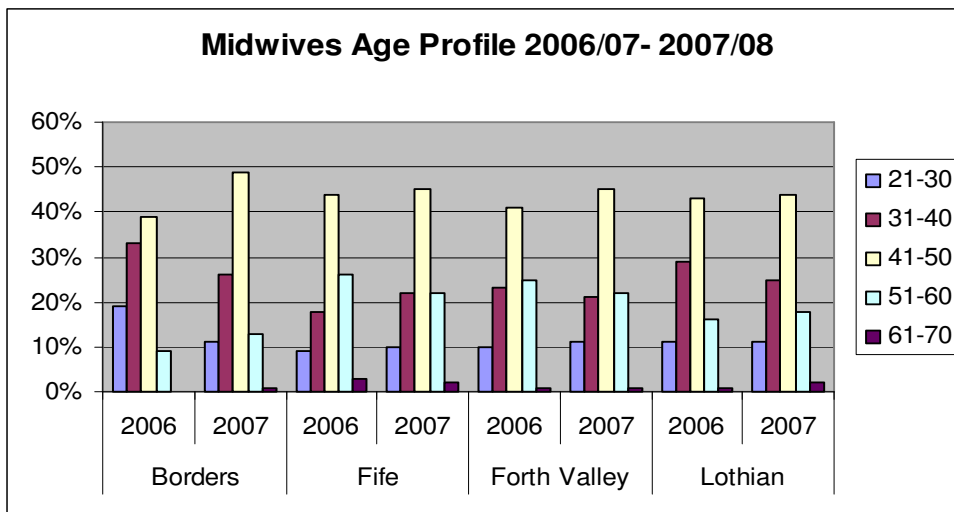
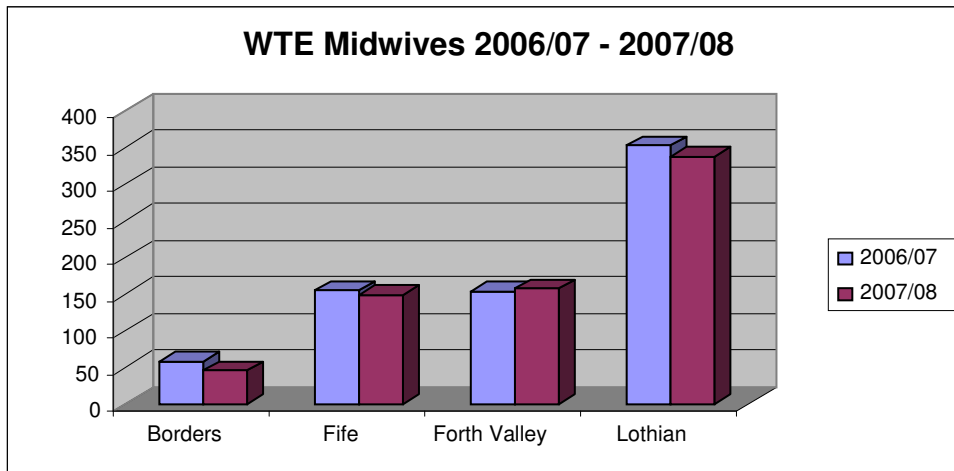
### Cesaerean Sections 2006 - 2007



### Practice Year Statistics



## Workforce Analysis



### 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.



Advice and guidance is provided on the South East Region LSA web site with regards to, how and to whom to make a complaint about the LSA function or the LSAMO. [www.midwiferysupervision.scot.nhs.uk](http://www.midwiferysupervision.scot.nhs.uk)

## **12. Reports On All Local Supervisory Authority Investigations Undertaken During The Year.**

During the last reporting year six supervisory investigations were undertaken with recommendations of no further action in three cases and supported practice indicated in three cases, all of which were successfully completed. The feedback to date from midwives and Supervisors of Midwives is that this new focussed approach to Statutory Supervision has been a positive experience and one in which there has been a clear learning outcome for all involved in the incident. This has ultimately highlighted a need to review and update current clinical guidelines, alongside a willingness to review the evidence base used by the multi disciplinary teams involved in care delivery for women and babies. This will enhance the current work being undertaken within each of the Health Boards in Scotland following the launch of the Keeping Childbirth Natural and Dynamic (KCND) project. This project aims to ensure all women in Scotland will receive the right maternity care, in the right place, at the right time and from the right professional.

It is envisaged that the LSAMO will undertake an audit of compliance with the Statutory Supervision guideline and SQIG will review and update the guideline as indicated.

There were two maternal deaths in two separate Health Boards during the reporting period one of which on completion of the Supervisory Investigation resulted in a multidisciplinary approach to developing and implementing a change in clinical guideline and practice. This was made possible by the development and introduction of a robust training package for all medical and midwifery staff.

It would appear from the evidence to date that Supervisory Investigations are enhancing the current risk management investigations. This approach has ensured that the focus on patient and public protection is an integral role undertaken by Supervisors of Midwives when clinical governance matters are discussed and is a main agenda item clinically and managerially in all four Health Board areas within the South East Region. Due to the relative early stages of implementation of a formal process of investigation and reporting there is insufficient data to meaningfully undertake a trend analysis; however this approach will feature in the next annual report. It is worth noting at this point though that following the investigations undertaken in all four Health Board areas there are no emerging trends obvious at this stage.

There were no supervised practice placements during the reporting year and no referrals made to the Nursing and Midwifery Council.

### **13. Conclusion**

This has been a challenging and exciting reporting period which has resulted in a number of initiatives, as highlighted throughout this report, being developed and implemented, all of which enhance the public protection role of Statutory Supervision.

The Supervisors of Midwives throughout the South East Region have demonstrated overall, a commitment to ensuring the profile of Statutory Supervision is raised within each of the maternity units, each of the Health Boards and amongst the women and families of those planning to and those currently accessing maternity services. This has been undertaken during a period of increased workload, due to increased birth rates and the implementation of for some, a major change in clinical practice, maternity services planning, evaluating and monitoring of outcomes.

SoMs have been well placed to ensure that the views of women and their families are continually sought when any change in service provision is planned.

The robust LSA audit process has provided an opportunity of best practice to be shared throughout the region with the introduction of many new initiatives ensuring women have access to a wide variety of maternity care packages throughout the length and breadth of the South East of Scotland.

Practising midwives within the South East Region have intimated that the role of the Supervisor of Midwives has been strengthened and the opportunity for reflective practice outwith the management structure has allowed midwives to feel supported and encouraged to share both positive and negative experiences. This belief was evident through the process of audit questionnaires used during each of the LSA audits.

The challenge for the next reporting year is to continue to audit and monitor practice and provide opportunities for learning and professional development of all midwives. The aim of which is to ensure that all SoMs promote the role of leader, mentor, guide and counsellor - all pre requisites of an effective and influential Supervisor of Midwives. The achievement of this aim will ensure continuation of Statutory Supervision being at the fore front of public protection.



## Statutory Supervision of Midwives LSA Standards

### Introduction

The LSA Midwifery Officers for England have reviewed the standards for statutory supervision within the context of the NMC Midwives rules and standards.<sup>1[1]</sup> The revised standards relate specifically to the sixteen rules. The NMC published five broad principles from which, in addition to midwifery practice, these standards have been formulated. Evidence of the achievement of these standards will be used by the LSAMO to demonstrate to the NMC that standards for LSA are met in accordance with the Midwives rules & standards.

### Audit Process

The proposed process for the audit of the new LSA standards will take a self/peer review approach verification of evidence by the LSA Midwifery Officer employing a targeted sampling technique. Self/peer review is recognised as a powerful tool that stimulates professional development and decentralises power creating awareness of personal accountability<sup>2[2]3[3]4[4]</sup>.

Evidence in support of achievement of the LSA standards should be continually updated and stored in box files available for verification by the LSA officer at any time. Each Maternity Service will be given a date for the audit visit by which time they should have completed their self -

---

<sup>1[1]</sup> NMC 2004 Midwives rules & standards.

<sup>2[2]</sup> Cheyne H., Niven C. & Mc Ginley M. 2003 The peer project: a model of peer review. British Journal of Midwifery. 11 (4) 227-232.

<sup>3[3]</sup> Malkin K.F. (1994) A standard for professional development: the use of self and peer review; learning contracts and reflection in clinical practice. Journal of Nursing management. 2 (3) 143-148.

<sup>4[4]</sup> Ackerman N. (1991) Effective peer review. Journal of Nursing Management. 22 (8) 48A-49D.

assessment against the criteria of each LSA standard cross referencing against each criterion the evidence of achievement that can be found in the box. The audit team will employ a target sampling technique in respect of each of the five LSA standards.

The audit team will consist of the LSA Midwifery Officer, a user representative from the MSLC, an external supervisor and a student supervisor. The audit team will meet with the supervisory team at the commencement of the day to discuss the out come of their self assessment, the current strategy for supervision and progress made on the action plan for the previous year.

A representative cross sample of midwives will be interviewed to elicit their views on supervision and triangulate the evidence presented in support of achievement of the standards.

Verbal feedback will be provided to the supervisory team on completion of the audit and this will be followed with a written report sent to the Contact Supervisor of Midwives within four weeks. A copy of this report will also be sent to the Health Board carrying the LSA responsibility for that Maternity Service.

Following publication of the audit outcome report the supervisory team will review the strategy for supervision and develop a new action plan, thus completing the cycle. The audit outcomes of all maternity services will be collated to provide the NMC with evidence of achievement of their standards for LSA.

January 2007

---

## **Guidance for Supervisors of Midwives**

Evidence should be collated against the criteria of the standards and stored in box files or similar. This should be an ongoing process throughout the year leading up to the audit. It is important that the evidence presented is contemporary to that audit year. Following each audit this process of evidence gathering and collation should recommence.

The supervisory team will be notified of the date of the proposed audit visit and in the month preceding the visit they should undertake an assessment of the LSA standards. Using the response columns of the standards they should document their achievement or otherwise to each criterion and record the nature of the evidence in support of achievement. This evidence could, for example, take the form of minutes of meetings; membership and terms of reference of various committees; diary of time spent on supervisory activities; audit outcomes; reports.

Prepare a presentation to be made to the LSAMO and others on the audit visit day, of the current strategy for supervision to include highlights of achievements and an action plan based on the out come of the self/peer review of LSA standards.

Arrangements should be made with managers to release a cross section of midwives to meet with the audit team to elicit midwives' views of supervision. The views of midwives will form part of the triangulation process.

On the day of the audit visit the boxed evidence and the completed assessment need to be available for the audit team to target sample. This will take the form of examination of evidence related to randomly selected criteria from each of the five standards. Discrepancies between the local assessment and the verification exercise will lead to additional criteria being validated.

The visit will conclude with a meeting between the supervisory and audit teams when verbal feedback will be provided by the LSAMO. A written report will be sent to the contact supervisor within four weeks and the supervisory team should then revise their strategy and action plan for the following year thus completing the audit cycle.

## Women Focused Maternity Services

**Standard 1. Supervisors of Midwives are available to offer guidance and support to women accessing a midwifery service that is evidence based in the provision of women centred care.**

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
1.1 Supervisors of Midwives participate in 'Maternity User Forums' to ensure that the views and voice of service users inform the development of maternity services.				
1.2 Information is available to women including local arrangements for statutory supervision.				
1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.				
1.4 Supervisors support midwives to promote informed decision making about care for women and families.				
1.5 Supervisors support midwives in respecting the right of women to refuse any advice given and record in an individual care plan.				



## ***Supervisory Systems***

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

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Supporting Evidence</b>	<b>Comments/Recommendations</b>
2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees.				
2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.				
2.3 LSA processes are followed in the nomination, selection and appointment of Supervisors of Midwives.				
2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.				
2.5 LSA guidelines and policies are accessible to midwives and the public.				

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Supporting Evidence</b>	<b>Comments/Recommendations</b>
2.6 Supervisors of Midwives receive the Intention to Practise forms (ITP), check for accuracy and validity prior to forwarding them to the LSA, or before entering on the LSA database, within the agreed time frames.				
2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.				
2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.				
2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.				
2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally.				

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Supporting Evidence</b>	<b>Comments/Recommendations</b>
2.11 There is a local strategy for supervision and an action plan is developed following audit.				
2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.				
2.13 Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period.				
2.14 Each Supervisor of Midwives meets with the LSAMO locally and through LSA events.				
2.15 Secretarial support is provided for Supervisors of Midwives in their administrative role.				
2.16 The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard.				

## Leadership

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

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.				
3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.				
3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course.				
3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.				
3.5 There are supervisory mechanisms to support leadership development in a variety of ways.				

Criteria	Yes	No	Supporting Evidence	Comments/Recommendations
3.6 Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional development of all midwives.				

## ***Equity of Access to Statutory Supervision of Midwives***

**Standard 4. Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.**

-

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Supporting Evidence</b>	<b>Comments/Recommendations</b>
4.1 There is 24 hours access to Supervisors of Midwives for all midwives irrespective of their employment status.				
4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.				
4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice and any education and development needs are identified and a written action plan agreed.				
4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years and outcomes inform the local strategy for supervision.				

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Supporting Evidence</b>	<b>Comments/Recommendations</b>
4.5 Confidential supervisory activities are undertaken in designated rooms that ensure privacy.				
4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills.				
4.7 Student midwives are supported by the supervisory framework				

## **Midwifery Practice**

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

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Supporting Evidence</b>	<b>Comments/Recommendations</b>
5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.				
5.2 Supervisors of Midwives participate in developing policies and evidence based guidelines for clinical practice.				
5.3 Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy.				
5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.				
5.5 Supervisors participate in audit of the administration and destruction of controlled drugs.				



<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Supporting Evidence</b>	<b>Comments/Recommendations</b>
5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.				
5.7 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of another Supervisor of Midwives.				
5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.				
5.9 The recommendation for a midwife to undertake a period of supervised practice is discussed with the LSAMO who is also informed when such a programme is completed.				
5.10 Allegations of serious professional misconduct are reported to the LSAMO together with a full written report and recommendations. These records must be retained for 25 years.				

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Supporting Evidence</b>	<b>Comments/Recommendations</b>
5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.				
5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.				
5.13 The LSAMO is informed of any serious incident relating to maternity care or midwifery practice.				
5.14 Audit of record keeping of each midwife takes place annually and outcome feedback is provided.				
5.15 Supervisors support midwives participating in clinical trials ensuring that the Midwives rules & standards and the Code of professional conduct are adhered to.				

## Midwives Questionnaire

### Audit of Supervision of Midwives: Questionnaire for midwives

**Completing the questionnaire:** This questionnaire will take about 5-10 minutes to complete. Please answer the questions by ticking or numbering the options, or commenting as indicated. Thank you for your valuable time.

Q1	Name of your Supervisor of Midwives (SOM) .....				
	For new employees (<1 yr) Did you meet up with her within 6 weeks of starting	Yes	No	N/A	
	How often do you discuss professional issues with her as your supervisor?				
	<3mthly      3-6mthly      6- 12mthly      >12mthly				
Q2	How long have you had your current Supervisor?	6 mths	6-12mths	1-2yrs	>2yrs
	Do you wish to change Supervisor?		Yes	No	
	Do you feel you have choice over who is your SOM?		Yes	No	
	How easy do you feel it would be for you to change SOM if you wanted to?		Easy	Possible	Difficult
Q3	Have you had a formal review meeting within the past 12 months?	Yes	No		
	If no, please give reason.....				
	Did the meeting take place in private?	Yes	No	Without interruption?	Yes
	Did you feel the meeting was useful?			Yes	No
	What (if anything) do you feel was the main benefit to you?.....				
Q4	How is the appointment for your review arranged?				
	Midwife requests meeting      SOM verbal invitation      SOM written invitation      Joint discussion				
	Other method , please state.....				
Q5	Do you complete a self assessment form before the review?	Yes	No		
Q6	Do you understand when to consult a SOM and when to consult a manager?	Yes	No		
	Please give an example of when you would consult a SOM.....				
Q7	Do you feel you could contact a Supervisor at any time (day or night) about an urgent professional issue?				
	Yes      No				
	How would you do this?      Rota's available      SOM on duty      Don't know      Not available				
	Other method €, please state.....				
Q8	Has your record keeping been reviewed in the past year?	Yes	No	Don't know	

	<p>How did this happen? At SOM review Peer review manager self review Other method , please state.....</p> <p>Have you had feedback either individually or unit wide on areas of record keeping either good or needing improvement Yes No</p>		
Q9	<p>Please prioritise the roles listed to describe how you see your SOM. Number 1-10, (1=low priority, 10=high priority) Omit any you feel not relevant to you</p> <p>Counsellor Supporter Guide Friend Inspector Mentor Preceptor Monitor Advisor Disciplinarian</p>		
Q10	<p>Please prioritise any of these qualities that you feel your SOM demonstrates (Number 1-10 (1=low priority, 10=high priority) Omit any you feel not relevant to you)</p> <p>Approachable Confidential Wise Sympathetic Good Listener Clinically experienced empathetic A good advocate Wiling to take action A good role model</p>		
Q11	<p>Do you feel you have been involved in the selection process for new SoMs Yes No No new SoMs If yes, how have you been involved?.....</p>		
Q12	<p>Do you have information about educational opportunities/ study days (internal or external) available? Yes No Have you discussed your training needs with your SOM? Yes No Within current constraints, do you feel your training needs are being addressed? Yes No If no, what else do you feel you need?.....</p>		
Q13	<p>Do you have access to the NMC publications? (ie Rules and standards, Record keeping, medicines etc) Yes No Have you read them? Yes No Do you have access to the LSA standards? (Guidance on practice issues etc) Yes No Have you read them? Yes No</p>		

*Adopted and adapted with the permission of the LSAMO Forum England)*

# Supervisors Questionnaire

## Supervisory Audit Visit – Supervisors Confidential Questionnaire

To be completed prior to LSA Supervisory Audit Visit

	Question	Comment
1	How many Trust supervision meetings have you attended in the last 12 months?	
2	How many LSA meetings / study days have you attended in the last 12 months?	
3	If you have not been able to attend what has prevented you from attending local / LSA meetings?	
4	How do you support /monitor the practice of midwives on your caseload?	
5	How do you influence the development of your unit's guidelines and policies?	

6	How do you link into Clinical Governance within your Trust?	
7	Where do you get support when supervision becomes difficult?	
8	What have been the challenges and rewarding aspects of being a supervisor in the last 12 months?	
9	How could the LSA MO role help / support you as a supervisor?	



# Local Supervising Authority - South East Scotland Borders, Fife, Forth Valley and Lothian

## Local Supervising Authority (LSA)

Standards for Statutory  
Supervision of Midwives

The Nursing & Midwifery Council sets out 5 LSA  
standards based on 5 principles.

## Responsibilities of a Midwife

To provide midwifery care in accordance with  
standards set by the Nursing & Midwifery Council.  
In doing so she must ensure the needs of the woman  
and baby are the primary focus of her practice.

## Role of Local Supervising Authority Midwifery Officer (LSAMO)

- Professional leader who provides impartial expert advice  
on professional matters.
- Is an important influence with regard to quality of local  
maternity services and also the wider NHS Agenda.

## Intention to Practise

If a midwife intends to care for a woman / baby  
during the antenatal, intranatal or postnatal period,  
she must notify the LSA annually.

## Statutory Supervision of Midwives

Supervision of midwives is a statutory requirement, its philosophy being  
to ensure a midwife receives support by her Supervisor of Midwives to be:

- confident
- clinically competent
- able to carry out her role safely and effectively  
therefore ensuring the safe standard of care for mothers and babies.

## Role of Supervisor of Midwives

- To provide sound professional  
advice on all midwifery matters.
- To provide professional advice  
to all practitioners.
- To protect the public by  
giving midwives and midwifery  
students power to practise safely  
and effectively.
- To become a SOM, a midwife  
must be experienced and have  
undertaken additional education  
and training in the knowledge and  
skills needed to supervise  
midwives and subsequently be  
appointed as a SOM by the  
LSAMO.

## Supporting Women

The Supervisor of Midwives and the  
LSAMO are here to support women  
before, during and after childbirth.  
They are available to:

- Discuss options of care
- Act as an advocate
- Promote women-centred care  
with evidence-based midwifery  
practice
- Receive feedback from women  
using the service, measuring this  
against the standards for care

## Ensuring Choice

## Guideline Development

## Auditing of Standards

## Risk Management

## Clinical Governance

## Sharing Best Practice

## Enabling Choice

Supporting Women  
& Midwives through  
Statutory Supervision  
of Midwives





# Midwifery Supervision

South East Scotland

Information  
about the Local  
Supervising  
Authorities In  
South East  
Scotland  
(Borders, Fife,  
Forth Valley and  
Lothian)

LSA Midwifery Officer  
Yvonne Bronsky  
Contact details:

e-mail: [yvonne.bronsky@nhs.net](mailto:yvonne.bronsky@nhs.net)  
mobile: 0776 747 8438

The Supervisor of Midwives and the LSAMO are here to support women before, during and after childbirth. They are available to:

- Discuss options of care
- Act as an advocate
- Promote women-centred care with evidence based midwifery practice
- Receive feedback from women using the service, measuring this against the standards for care

Below is a list of the Contact Supervisor of Midwives working in each NHS Board within the South East Region of Scotland.

#### NHS Borders

Elaine Cockburn  
Borders General Hospital  
Melrose  
Roxburghshire  
TD6 9BS

Telephone 01896 826688

#### NHS Forth Valley

Mary Miller  
Stirling Royal Infirmary  
Livilands  
Stirling  
FK8 2AU

Telephone 01786 434000

#### NHS Fife

Catherine Cummings  
Forth Park Maternity Hospital  
Bennoch Road  
Kirkcaldy  
Fife  
KY2 5RA

Telephone 01592 643355

#### NHS Lothian

Frances McGuire  
St John's Hospital  
Howden Road West  
Howden  
Livingston  
EH54 6PP

Telephone 01506 523983

Supporting Women  
& Midwives through  
Statutory Supervision  
of Midwives



## **Statutory Supervision of Midwives**

Supervision of midwives is a legal requirement, which has been in place in Scotland since 1915.

Supervision is a supportive, practical role that helps midwives by supporting their practice and professional development.

Midwifery supervision ensures that the midwife is confident and clinically competent to carry out her job, supported by her Supervisor of Midwives, thereby ensuring the safety of mothers and babies.

## **Local Supervising Authorities (LSAs)**

The role of the LSAs is detailed in the Nursing and Midwifery Order 2001, with the statutory duties further specified in the Midwives Rules and Standards (NMC 2004). The LSAs are accountable to the Nursing and Midwifery Council for ensuring that these duties are carried out. The Nursing and Midwifery Council (NMC) is a regulating body, which maintains a professional register of qualified midwives, publishes the Midwives Rules and Standards and investigates allegations of professional misconduct.

## **Local Supervising Authority Midwifery Officer (LSAMO)**

The LSA Midwifery Officer has an important influence on the quality of local maternity services. She provides independent advice to midwives on professional matters and ensures that the supervision of midwives and midwifery practice meet the standards required.

## **Supervisors of Midwives**

The Supervisor of Midwives gives professional advice on all midwifery matters and is available to offer guidance and support to women using maternity services.

The supervisor is accountable to the the LSA for all supervisory activities. The LSA Midwifery Officer is available for advice and support.

The supervisor of midwives also:

- Provides professional leadership to midwives
- Provides advice and support to midwives about practice issues
- Ensures that midwives have access to the statutory rules and guidance and local policies

A Supervisor of Midwives should always be available via your local maternity unit. If you have problems contacting a supervisor please let the LSAMO know.

You can also contact the LSAMO for further information about supervision or with any complaints or concerns about a Supervisor of Midwives or standards of supervision.



**supporting Women  
& Midwives through  
Statutory Supervision  
of Midwives**



# South East Region

## Supervisor of Midwives Conference

### Leaders 'Fit for Purpose'

16 November 2007

9.00 -9.30	<b>Registration</b> Tea/Coffee/Biscuits	<b>Main Reception</b> Ground Floor Gallery
9.30	<b>Introduction &amp; Welcome</b> Yvonne Bronsky – LSAMO	<b>Conference Suite 1/2</b>
9.45	<b>Juggling Roles</b> Derek Brewster MD Leadership	
10.55	<b>Coffee Break</b>	<b>Ground Floor Gallery</b>
11.15	<b>NES Leadership</b> Monica Thompson	<b>Conference Suite 1/2</b>
11.45	<b>TELSIS Study Feedback</b> Helen Cheyne – Researcher	
12.15	<b>Leading Change</b> Sandra Smith – Consultant Midwife	
12.45	<b>Lunch</b>	<b>1835 Restaurant</b>
13.30	<b>Independent Practice</b> Carrie McIntosh/Natasha McDonald	<b>Conference Suite 1/2</b>
14.00	<b>Legal Aspects</b> Norma Shippin	
15.00	<b>Coffee Break</b>	<b>Ground Floor Gallery</b>
15.15	<b>Supervisory Investigations</b> Yvonne Bronsky	<b>Conference Suite 1/2</b>
16.00	<b>End</b>	



## LOCAL SUPERVISING AUTHORITY OF SOUTH EAST SCOTLAND GUIDELINES FOR SUPERVISORS OF MIDWIVES

### REPORTING AND MONITORING OF SERIOUS INCIDENTS AND EVENTS, PROCESS OF INVESTIGATION AND REPORTING TO THE LSA

<u>Contents.</u>	<u>Page</u>
Scope	2
Duty to Report	2
Definition of a Serious Event/ Incident	3
Actions following a significant incident or event	4
Undertaking an investigation	5
Actions after completing the investigation	6

#### Appendices-

Appendix 1	Letter to Midwife
Appendix 2	Template for Supervisory investigation
Appendix 3	Guidelines on writing a statement
Appendix 4	Checklist of Considerations When Investigating Alleged Misconduct
Appendix 5	Template for Chronology of events recording

**Original Guideline Written by:** Carol Lee, Linda Moss, Jean Hawkins, Heather Wilkins and Shirley Smith.

**Date :** March 2006

**Revised by:** South East Scotland Supervisors of Midwives

**Approved by:** Local Supervising Authority Midwifery Officer.

**Date:** February 2008

**Implementation date:** April 2008

**Review Date:** April 2010



## **GUIDELINES FOR SUPERVISORS OF MIDWIVES IN SOUTH EAST SCOTLAND**

### **REPORTING AND MONITORING OF SERIOUS INCIDENTS AND EVENTS, PROCESS OF INVESTIGATION AND REPORTING TO THE LSA**

#### **SCOPE**

The purpose of this guideline is to explain the mechanism by which NHS organisations, private sector providers and Midwives working independently, will notify, via the Supervisor of Midwives (SoM), the Local Supervisory Authority Midwifery Officer (LSAMO) of any incidents or issues involving Midwifery practice that are of serious concern (Nursing and Midwifery Council (NMC, 2004). For clarity this guidance also sets out how the LSAMO and Supervisors will link with the Health Boards and Clinical Governance systems. It complies with Rule 15 of the NMC rules and standards (NMC, 2004).

The process of reporting by the SoM, is detailed. Supervisors should be familiar with the Health Boards protocol for reporting Significant Adverse Untoward Incident Protocol.

#### **1. DUTY TO REPORT**

##### **1.1 Supervisor's Duty**

The NMC state in Rule 13 of the Midwives rules and standards (NMC, 2004) that “the local supervising authority midwifery officer plays a pivotal role in clinical governance by ensuring the standard of supervision of midwives and midwifery practice meets that required by the NMC”(NMC 05/04). In order to carry out this function it is necessary that that all significant adverse incidents relating to maternity care or which involve midwifery practice are notified to the LSA by a supervisor of midwives.

Supervisors in discussion with the Head of Midwifery/management should ensure that the Health Board's risk management procedures are followed.

##### **1.2 Health Boards**

The Local Supervising Authority Standard as recorded in the NMC Rules and Standards (NMC 2004) Rule 15 states that the LSA must ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer.

## **2. DEFINITION OF A SIGNIFICANT ADVERSE EVENT IN RELATION TO THE ROLE OF THE SUPERVISOR OF MIDWIVES AND WHICH SHOULD BE REPORTED TO THE LSA**

A significant adverse event is defined as an accident or incident when a woman/baby, member of staff or members of the public suffers;

- Serious injury.
- Major permanent harm.
- Unexpected death or the risk of death or injury.
- Where actions of health service staff are likely to cause significant public concern.

### **2.1 In addition to the above the LSAMO requires notification of the following:**

- All maternal deaths as defined by the Confidential Enquiry into Maternal and Child Health
- All investigations of midwifery practice being undertaken by SoM, irrespective of outcome
- Significant changes in service configuration that may have the potential for adverse impact on women and babies.
- Sustained deficits in midwifery staffing
- Midwives reported to the NMC by the Health Board or others
- Unexpected intrapartum fetal death
- Unexpected neonatal deaths
- Unexpected significant morbidity of a mother or baby

***This is not an exhaustive list and where there are uncertainties the LSAMO should be contacted for advice***

### **3. ACTIONS FOLLOWING A SIGNIFICANT INCIDENT OR EVENT**

#### **3.1 Notification to Supervisor**

Supervisors must ensure that there is a system in place to ensure that there is a process whereby a supervisor of midwives is notified of any events/ incidents that involve midwifery practice at the earliest opportunity

It is essential that the relevant supervisor be notified of all events / incidents that involve Midwifery practice (this may include the on call Supervisor). The Supervisor will then be able to offer support to Midwives and families as necessary.

Where there may have been midwifery practice issues the Supervisor of Midwives should carry out a detailed investigation.

#### **3.2 Communication with the LSAMO**

The LSAMO should be informed at the outset of any such investigation and the Supervisor of Midwives should provide a report of the outcome to the LSAMO within four weeks of this notification. Where circumstances are such that a final report cannot be completed, regular updates should be provided.

Reports to the LSA should contain no patient identification data unless it is necessary for the purposes of the report, e.g. maternal death.

### **4. UNDERTAKING AN INVESTIGATION**

Wherever an investigation into midwifery practice is indicated the midwife(s) involved must have an identified support supervisor who is independent of the investigatory process.

The LSAMO will provide ongoing advice and support to Supervisors of Midwives at any point in the process.

Frequently a case requires investigation under the Health Board's clinical governance procedures as well as statutory supervision of midwives. It may be helpful, in order to minimize distress, to share information, including statements and other documentation. Interviews may also be undertaken jointly, providing everyone present is clear about the purpose of the meeting and the capacity in which they are operating.

There must be ongoing communication regarding the progress of the investigation between the investigating SoM, the midwife(s), the clinical risk coordinator, complaints coordinator, Head of Midwifery/manager and any other relevant individuals.

Further guidance can be found in

- Modern Supervision in Action a practical guide for midwives. NMC and LSAMO Forum UK 2008
- Statutory Supervision of Midwives - A resource for midwives and mothers NMC Oct 2007.
- Standards for the supervised practice of midwives NMC Sept 2007

## 4.1 Principles

**4.1.1** “The *manner* in which you conduct an investigation is crucial in ensuring a fair outcome for the public, the Midwife, and the service” (NMC 2002).

The investigation must be undertaken in an open and non judgemental manner, and the supervisor of midwives must set aside any non factual information or previously held information about individuals

The supervisor should always keep sight of statutory supervision as the focus of the investigation.

- The statutory framework should be used to assess the Midwife’s fitness to practise and
- The wellbeing of the mother and baby should not be compromised by the investigation.

Root Cause Analysis is the preferred process by which an investigation is undertaken.

*(Tools and methodology may be accessed at [www.npsa.nhs.uk/rca](http://www.npsa.nhs.uk/rca))*

### 4.1.2 Gather evidence

- The SoM must notify the Midwife by letter, that a supervisory investigation is being undertaken and of the possible outcomes. A documentary record should be made.

An example of a letter to the midwife is found in appendix 1.

- The Midwife should be given a fair opportunity to explain the rationale for their actions,
- Information will be gathered by various methods including statements, notes of discussions, and interviews.
- The SoM must keep an open mind and not make a final judgement until all the evidence has been collected.
- The SoM must maintain a contemporaneous record of all meetings.

## 4.2. Process of the Supervisory investigation by the investigating Supervisor.

- Collecting evidence:  
During the investigation you will receive a lot of information. You may find it helpful to keep notes about:
  - extenuating factors that may be used in mitigation
  - evidence that supports or refutes unfitness to practise (NMC, 04/2005).
  - evidence that supports or refutes lack of competence (NMC, 05/2004)
  - evidence that supports or refutes misconduct (NMC, 04/2005).

The Supervisor of Midwives should build up a clear picture of the actions and behaviour of the Midwife(s) related to this incident/event. A time line of the incident should be produced; this may be by the investigating supervisor or produced as part of the risk management investigation.

Having elicited all the information relating to the immediate incident the supervisor should identify the contributing organisational factors, the previous supervisory record of the midwife and the education and training history of the midwife.

An optional template for the supervisory investigation can be found in appendix 2, and a checklist of considerations when investigating alleged misconduct in appendix 3.

### **4.3 Links to management**

Management and supervisory investigations have different purposes and their outcomes are independent of each other. The purpose of the supervisory investigation is to identify whether a midwife is fit to practise on the midwifery part of the NMC register. The aim of the management investigation is to identify whether the individual is fit for employment and ultimately fit for practice.

The management and supervisory investigation procedure may be the same however they must be undertaken by two different people. The Midwife must be informed that whilst one investigatory procedure may be used, the outcomes of the management and supervisory investigations may differ.

Records made by the Supervisor in the course of an investigation are confidential within limitations. They are disclosable only to the Midwife, the LSAMO, and the NMC in the course of an investigation and to the Police, a civil or criminal court. Whilst the supervisor is to share the recommendations with managers/Health Board where appropriate, records made during the investigation are confidential. Recommendations should be shared on a need to know basis in the interests of patient safety.

Records pertaining to an investigation of a clinical incident must be retained for 25 years (Rule 9, NMC, 2004) and the supervisor of midwives should ensure that systems are in place to record, transfer and retrieve such files. NMC circular 02/2007, Section 4.7 of the NMC Code NMC 2004a:8 and Guidelines for Records and Record Keeping NMC 2005:8

It is essential that there is liaison between the SoM, the Head of Midwifery and management in relation to the actions following the outcome of the investigation. The outcomes of the investigation should be shared, in writing with the Head of Midwifery and management.

## **5. AFTER COMPLETING THE INVESTIGATION**

- Ensure all extenuating circumstances have been identified.
- Identify whether there is any need for further action, for the individual, the organisation or both.
- Prepare a report for the LSAMO. (refer to Appendix 1)
  - Where an allegation of misconduct is being made, the report to the LSAMO should include recommendations.
- The Midwife should receive a full copy of the investigatory report and be informed of the LSA appeals process.



## 5.1 Recommendations

In cases where further action is indicated, the Supervisor should consider whether Supported or Supervised Practice is appropriate and should seek advice from the LSAMO, particularly if the latter applies.

## 5.3 Reporting the case to the NMC

Where a Supervisor believes there is a *prima facie* case of impaired fitness to practise, lack of competence or misconduct she should recommend reporting the case to the NMC and a formal report must be sent to the LSAMO -see Appendix 1.

## 6. Sharing of lessons learnt

6.1 Supervisors have a duty to ensure lessons learnt are disseminated throughout the unit and action plans are progressed.

6.2 The LSAMO will undertake trend analysis, and ensure lessons learnt are shared.

## REFERENCES AND BIBLIOGRAPHY

LSA NATIONAL FORUM (Nov 2007), *National Guidelines for Supervisors of Midwives, Maintenance and Storage of Supervisory Records for Supervisors of Midwives*

NATIONAL PATIENT SAFETY AGENCY, *A guide to root cause analysis from the NPSA*, [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

NMC (Jan 2008) *Modern Supervision in Action: A practical guide for midwives*  
Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org)

NMC (32/2007) *Standards for the supervised practice of midwives*  
Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org).

NMC (10/ 2006) *Standards for the preparation and practice of supervisors of midwives*  
Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org)

NMC (2007) *'Fitness to Practise Annual report'*,  
Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org).

NMC (08/2004) *Reporting lack of competence: a guide for employers and managers*,  
Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org).

NMC (08/ 2004) *Reporting Unfitness to practise: a guide for employers and managers*,  
Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org).

NMC (07/2004) *The NMC code of professional conduct: standards for conduct, performance and ethics*", Nursing and Midwifery Council [www.nmc-uk.org](http://www.nmc-uk.org).

NMC (05/ 2004) *'Midwives rules and standards*. Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org).

NMC (04/ 2004) *Reporting Unfitness to practise: a guide for employers and managers*, Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org).

NMC (2001) *The Nursing & Midwifery Order 2001*, [www.opsi.gov.uk/si/2002/20020253.htm](http://www.opsi.gov.uk/si/2002/20020253.htm).

SIMPSON C. ODELL H. and BEALE V. (2005) *Guidelines for Supervisors of Midwives in Thames Valley and South West*".

|



**Region**



**South East**

**APPENDIX 1**

**DATE  
SUPERVISOR'S NAME  
ADDRESS  
CONTACT DETAILS**

**Dear .....**,

**SUPERVISION OF MIDWIVES INVESTIGATION**

**The Local Supervising Authority for South East Scotland requires a supervisor of midwives to undertake an investigation of all serious events or incidents related to midwifery care.**

**I understand there has been a report of ..... (*give brief details*) and as such I will be undertaking an investigation. At this point it is essential to note that no decisions or judgements have been made or that the care you have provided is sub optimal in any way.**

**May I suggest that you contact your supervisor of midwives who will be able to support you through the process of the investigation and give you advice on statement writing or accompany you to any interviews you may be requested to attend.**

**I will write to you again with the outcome of the investigation in due course.**

**Name  
Supervisor of midwives**

TEMPLATE FOR SUPERVISORY INVESTIGATION

Section 1 – Personal Details

<b>Name of Midwife:</b>	
<b>NMC PIN:</b>	<b>DOB.</b>
<b>Date of Registration as a Midwife:</b>	<b>Date of periodic renewal of registration:</b>
<b>Work Address:</b>	
<b>Post Held:</b>	
<b>Place of Employment:</b>	

Section 2 – Summary of incident / incidents occurred:

**Section 3 – Areas of Concern**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to input text or other content related to the 'Areas of Concern' section.

**Section 4 – Midwives Rules Not Followed/Code of Conduct not followed**

[Empty rectangular box for reporting midwives rules not followed or code of conduct not followed]

**Section 5**

<b>Action taken by SoM:</b>
<b>Outcome of investigation:</b>
<b>Mitigating circumstances:</b>
<b>Midwife's Previous Records:</b>
<b>Recommendation to Local Supervising Authority:</b>
<b>Investigating SOM:-</b> <b>Name</b> ..... <b>Signature</b> ..... <b>Date</b> .....

**GUIDELINES ON WRITING A STATEMENT**

1. Start by saying who you are and the context of the incident.
  - Name
  - Professional qualifications with dates and PIN Number
  - Post(s) held in present Trust / Hospital
  - Position at time of incident
  - Area of work at time of incident
  - Date and time of incident
  - Other staff working in your area at time of incident
  - Names, addresses and designations of witnesses to incident
  - Duty Hours at time of incident

Then write the *facts* of what happened as far as you were involved, in as much detail as possible. Include your reasons for acts or omissions and do not include any opinions. Do not write hearsay or report verbatim what is written in the case notes.

3. Write down only what – you **SAW**  
you **HEARD**  
you **DID**

Give full names and grades of other personnel you mention.

Be as accurate as possible with dates and times.

Do not write in your statement that someone did something unless **YOU** saw it happen, for example:

**Midwife B left me in the room with the parents saying she was going to telephone the Midwife in charge at 12.30pm.**

Rather than:

*Midwife B telephoned the Midwife in charge.*

4. When you have completed your statement:

**Sign and print your name and date it.**



## APPENDIX 4

### Checklist of considerations when investigating alleged misconduct

	<b>Action</b>	<b>Done?</b>
1	Review relevant NMC documents, initial evidence and LSA Guidelines.	
2	Consider whether the incident has jeopardized the safety of the mother and baby. Liaise with the LSAMO/Head of Midwifery if your concerns prior to completing the investigation are sufficient to warrant suspension from duty.	
3	If yes, proceed with an investigation (it may be necessary to proceed with an investigation even if the answer is no). Determine whether and how your investigation may link with any managerial investigation.	
4	Define the allegation(s) of misconduct to be investigated.	
5	Seek any support or advice you need (perhaps from your contact / link supervisor or the LSAMO).	
6	Inform the LSAMO that you are proceeding with an investigation.	
7	Consider whether to invite a human resources officer to provide support during the investigation.	
8	Inform the midwife, verbally and in writing, of the allegations as soon as possible.	
9	Advise the midwife of her right to representation and access to relevant records. If the investigation will serve both supervisory and management functions, the midwife must be informed of this.	
10	Discuss with the midwife the supervisory support available to her.	
11	For an NHS employee: consider (or discuss with the appropriate manager) the suspension from duty. For non-NHS employee: if appropriate, recommend that the midwife cease practising until you have completed your investigation. Confirm this advice in writing and keep a copy of the letter.	
12	Identify the people who may be able to provide evidence.	
13	Consider the conduct you might have expected of the midwife under the circumstances in the alleged incident.	
14	From this, prepare some questions for the midwife to elicit why she acted in the way she did, her views of this in hindsight, and why your expectations were not fulfilled.	
15	Review the requirements for the LSA report, to ensure you have collected all the information you need.	

16	Identify any extenuating circumstances in the alleged incident.	
17	Consider all the evidence very carefully, in particular, indications of how the midwife would act in a similar situation in the future.	
18	Consider if supervised practice or updating would be more appropriate.	
19	Consider whether you will recommend to the LSA, suspension from practice and that the case should be reported to the statutory body.	
20	Inform the midwife of your recommendations to the LSA, as well as the reasons for your recommendations, providing the midwife with a copy of the report, outlining the appeals process.	
21	Outline the content for the LSA.	
22	Inform LSA of your recommendation by telephone and submit a report as soon as possible. Send the report by Recorded or Special Delivery.	

Above is a list of actions to be taken when conducting an investigation. Use this checklist to review the process and, if you wish, photocopy it to use this in your own practice.

**Template - Chronology and events summary**

<b>Date</b>	<b>Event</b>	<b>Family, Midwives and SoMs involved</b>	<b>Commentary</b>	<b>Signpost to supporting documents</b>



Dear Midwife

I am delighted that you are considering undertaking the Preparation of Supervisor of Midwives Module. I have included in this pack information relating to the Function of Statutory Supervision of Midwives, and the NMC standards relating to Supervision of Midwives. I have also included the process to follow when you decide to take this opportunity forward.

**The aim of statutory supervision of midwives is to safeguard and enhance the quality of care for the childbearing mother and her family. The Supervisor of Midwives is a source of sound professional advice on all matters and is accountable to the LSA for all supervisory matters.**

In order to finalise the nomination process you will require to complete the proforma attached as soon as possible and forward onto my secretary:

Alison Gracey  
The Beeches  
Forth Park Hospital  
30 Bennoch Road  
Kirkcaldy  
Fife  
KY2 5RA.

Upon receipt of the appropriate information, an interview will be arranged involving myself, your local contact Supervisor of Midwives and a representative from the HEI you are planning to attend.

Each prospective Supervisor of Midwives will have an agreed mentor at local level to offer support and guidance throughout the preparation course. Any Supervisor of Midwives with relevant experience will be considered appropriate to provide mentorship and additional support will be available from myself at anytime during and after the course.

On successful completion of the module on preparation, the Supervisor of Midwives will be eligible for appointment by the LSA. However, successful completion of the preparation course does not automatically ensure appointment as a Supervisor of Midwives. This is by mutual agreement between the LSA Midwifery Officer and the supervisor.

I look forward to hearing from you and should you wish to discuss this or any other supervisory matter with me please do not hesitate to get in touch with me at [yvonne.bronsky@nhs.net](mailto:yvonne.bronsky@nhs.net).

Yours sincerely

**YVONNE BRONSKY  
LSA MIDWIFERY OFFICER  
SOUTH EAST SCOTLAND**

**Encs**

- Appendix One - Competencies for a Supervisor of Midwives  
Ref. NMC 2006 Standards for the preparation and practice of supervisors of midwives
- Appendix Two - NMC Midwives rules and standards (2004) Rule 11  
ref NMC (Midwives) ( Amendment) Rules Order of Council 2007. 1<sup>st</sup>  
August 2007
- Appendix Three - Person Specification
- Appendix Four - Supporting Paper for nomination as supervisor of midwives

## COMPETENCIES FOR A SUPERVISOR OF MIDWIVES

### 1. Statutory supervision of midwives: theory, roles and responsibilities

#### The supervisor of midwives will:

- Understand the role of the supervisor of midwives in protecting the public
- Have a working knowledge of the statutory framework for supervision and the role of the NMC
- Be aware of and disseminate guidance or information relevant to midwifery practice, including NMC circulars
- Demonstrate continuing professional development as a supervisor
- Enable midwives to develop and maintain competencies for their midwifery practice by:
  - a) Demonstrating responsibilities and duties of the supervisor of midwives, to include:
    - meeting with supervisees at least annually and maintaining agreed records
    - ensuring midwives know their responsibilities regarding NMC registration, ITP notification and the requirement to comply with the NMC Midwives rules and standards and Code of conduct
    - acting as a role model for midwives
    - being a resource for midwives to implement and support change
    - encouraging midwives to learn by critical analysis and evaluation of their practice
  - b) Demonstrating a working knowledge of the legal and professional requirements related to record keeping for midwifery practice
  - c) Undertaking audits of midwifery records and where necessary, initiate appropriate action.

### 2. Statutory supervision in action

#### The supervisor of midwives will:

- Promote childbirth as a normal, physiological event
- Understand statutory supervision within the governance agenda
- Demonstrate the ability to source literature, research and professional evidence to underpin strategy and service development
- Assist with the development of evidence-based guidelines, policies and standards for maternity service provision
- Demonstrate the ability to undertake assessments of practice areas to identify potential/actual risks and mitigate where possible
- Encourage midwives to utilise an evidence-based approach towards their care delivery

- Support midwives working with complex ethical, legal and professional issues
- Attend supervisory meetings to share information and explore relevant issues
- Contribute to the development and monitoring of standards and guidelines relating to supervision
- Understand the supervisor's role in the investigatory process by demonstrating ability to:
  - undertake an investigation of any serious untoward incident concerning midwifery practice or of an individual midwife's alleged impairment to practise
  - prepare a supervisory report of the investigation's outcomes and recommendations and inform the LSAMO
  - in cases where supervised practice is recommended, set agreed learning objectives for the midwife, with a midwifery educationalist, and monitor progress
  - support a midwife involved in the investigatory progress.

### **3. Statutory supervision of midwives: working in partnership with women**

#### **The supervisor of midwives will:**

Create opportunities for women to:

- Engage actively with maternity services and influence their development
- Advocate for the right of all women to make informed choices and to contribute to decision making related to their care
- Promote the business of midwifery and the role of the midwife and supervisor of midwives by engaging with women
- Demonstrate how supervisors of midwives can contribute to ensuring maternity services are responsive to the needs of women
- Support midwives who are supporting women in making care choices
- Provide additional advice to women who are experiencing difficulty in achieving their care choices.

### **4. Statutory supervision of midwives: leadership**

#### **The supervisor of midwives will:**

- Display a non-discriminatory, honest, open and fair approach
- Assess and apply current theory and approaches to leadership
- Provide visible leadership in the workplace
- Demonstrate an ability to engage effectively with a wide variety of individuals, groups, agencies and organisations
- Understand the broader strategic and political factors influencing maternity service provision
- Encourage and enable supervisor colleagues, midwives and members of other multidisciplinary teams
- Be self aware
- Support midwives to maximise their potential in practice

- Promote multidisciplinary team working that fosters mutual respect, regard and value for the perspectives and contributions of others
- Be able to handle conflict and achieve a consensus ensuring no party feels disadvantaged.



## Appendix Two

### **NMC Midwives rules and standards (2004) Rule 11**

#### **Eligibility for appointment as a supervisor of midwives**

1. A local supervising authority shall appoint an adequate number of supervisors of midwives to exercise supervision over practising midwives in its area.
2. To be appointed for the first time as a supervisor of midwives, in accordance with article 43(2) of the Order, a person shall be a practising midwife and-
  - a) have three years experience as a practising midwife of which at least one shall have been in the two year period immediately preceding the first date of appointment: and
  - b) either-
    - (i) have successfully completed a programme of education of the type mentioned in paragraph (5) within the three year period immediately preceding the first date of appointment; or
    - (ii) where it is more than three but less than five years since she successfully completed a programme of education of the type mentioned in paragraph (5) (calculating that period by reference to the first date of appointment), have also successfully complied with the Council's updating requirements as set out in the guidance issued to local supervising authorities in accordance with article 43 (3) of the Order.
3. For any subsequent appointment as a supervisor of midwives, a person shall be a practising midwife and-
  - a) have practised as a supervisor of midwives within the three year period immediately preceding the subsequent date of appointment; or
  - b) where she has only practised as a supervisor of midwives within a period which is more than three years but less than five years immediately preceding the subsequent date of appointment, have also successfully complied with the Council's updating requirements as set out in the guidance issued to local supervising authorities in accordance with article 43(3) of the Order.

## Appendix Three

### Person Specification

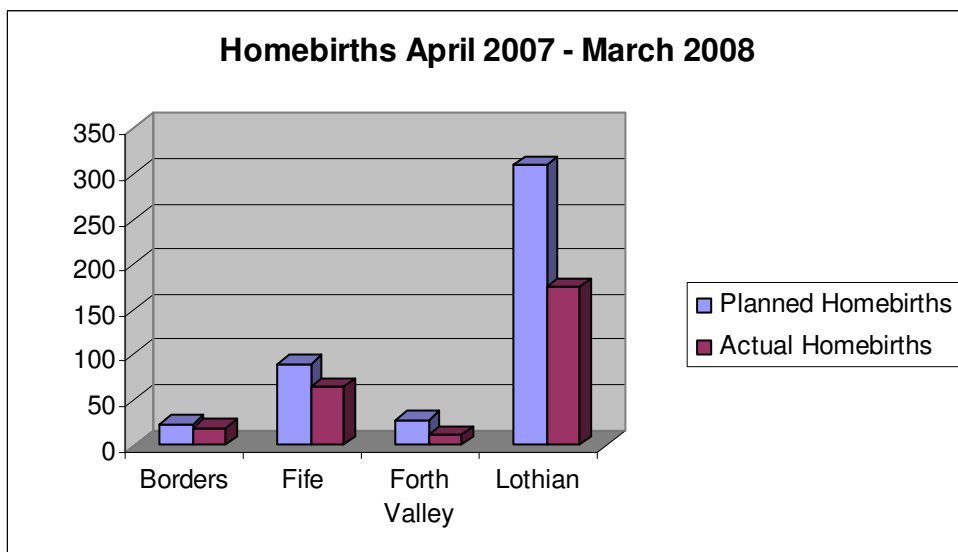
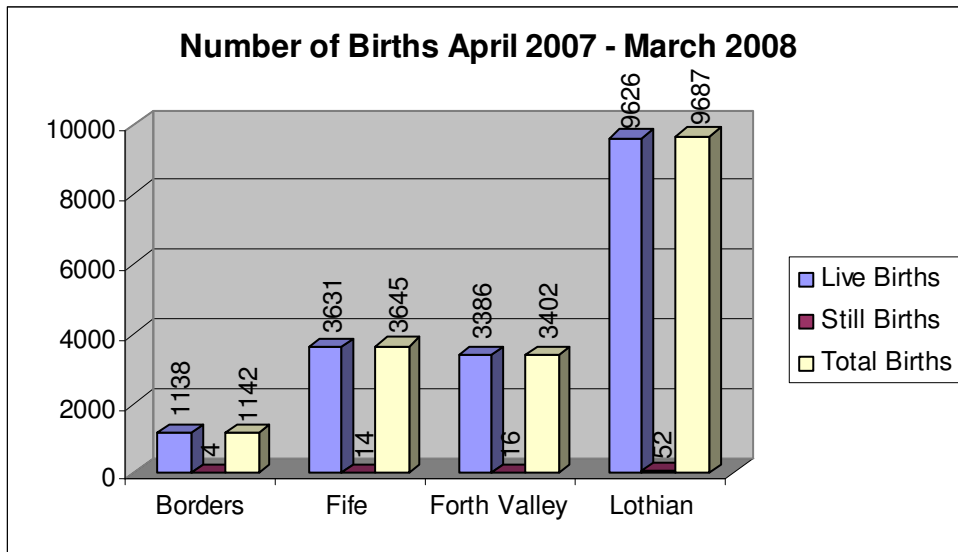
<b>Key Areas</b>	<b>Essential Attributes</b>	<b>Desirable Attributes</b>
<b>Professional and Academic Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Practising midwife</li> <li>▪ 3 years experience as practising midwife of which one shall have been in the two year period immediately preceding appointment</li> <li>▪ Respected and supported by colleagues</li> <li>▪ Evidence of recent professional and academic development</li> <li>▪ Demonstrates an understanding of the role of the supervisor of midwives</li> <li>▪ Commitment to a philosophy of working in partnership with women and their families</li> <li>▪ Demonstrates an awareness of current midwifery research and ability to critically evaluate findings</li> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understanding of statutory framework for supervision</li> <li>▪ Demonstrates knowledge of introducing and facilitating change</li> <li>▪ Evidence of practical experience of monitoring standards of midwifery practice through audit</li> <li>▪ Understanding of current national and local policy impacting on midwifery</li> <li>▪ Understanding and application of clinical governance and risk management strategies</li> <li>▪ Evidence of previous study at degree level</li> </ul>
<b>Skills</b>	<p style="text-align: center;"><b>Leadership Skills</b></p> <ul style="list-style-type: none"> <li>▪ Respected by peers and acts as role model</li> <li>▪ Disseminates knowledge</li> </ul>	<p style="text-align: center;"><b>Investigative Skills</b></p> <ul style="list-style-type: none"> <li>▪ Ability to retrieve, interpret and analyse written and verbal information</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Challenges practice</li> <li>▪ Ability to influence in a multi disciplinary setting</li> </ul> <p><b>Communication Skills</b></p> <ul style="list-style-type: none"> <li>▪ Understands the need for confidentiality whilst continuing to work in partnership with other professional and agencies</li> <li>▪ Clear, concise and accurate written skills</li> <li>▪ Verbal skills, ability to listen effectively and to distil and impart information</li> <li>▪ Negotiation skills</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ability to objectively/sympathetically undertake an investigation</li> </ul> <p><b>Presentation Skills</b></p> <ul style="list-style-type: none"> <li>▪ Clear and concise</li> <li>▪ Ability to use IT based visual aids</li> </ul>
<p><b>Attitude and Personal Skills</b></p>	<ul style="list-style-type: none"> <li>▪ Approachable</li> <li>▪ Diplomatic</li> <li>▪ Open minded/non-judgemental</li> <li>▪ Ability to fulfil the duties of supervisor of midwives in addition to current responsibilities</li> <li>▪ Ability to be “on call” for Supervision</li> </ul>	

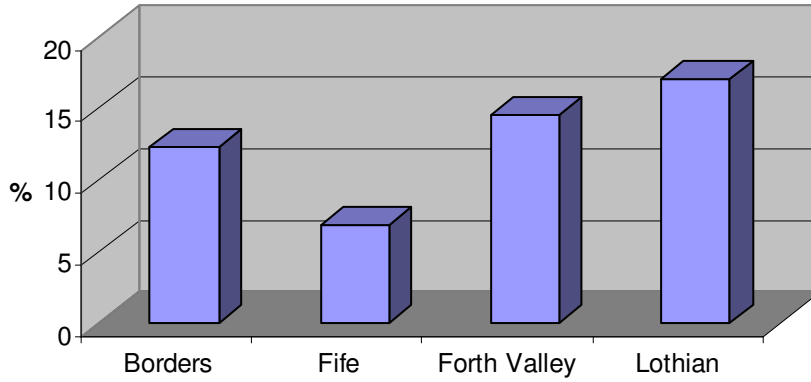
**Supporting Paper for Nomination as Supervisor of Midwives**

<b>Name</b>	<b>Maternity Unit</b>	<b>PIN</b>
<b>Current Job Title</b>		
<p><b>Please indicate, in no more than 1,000 words, why you wish to be considered for the role of supervisor of midwives focusing on the following areas:</b></p> <ul style="list-style-type: none"><li>▪ <b>What does supervision of midwives mean to you</b></li><li>▪ <b>Why you wish to become a Supervisor of Midwives</b></li><li>▪ <b>What experience and skills can you offer to the role of Supervisor of Midwives</b></li><li>▪ <b>What personal qualities and attributes you hold which would help you fulfil the role of Supervisor of Midwives.</b></li></ul> <p><b><u>Please include the name of two references that will be used accordingly.</u></b></p>		
<b>Signature</b>	<b>Date</b>	

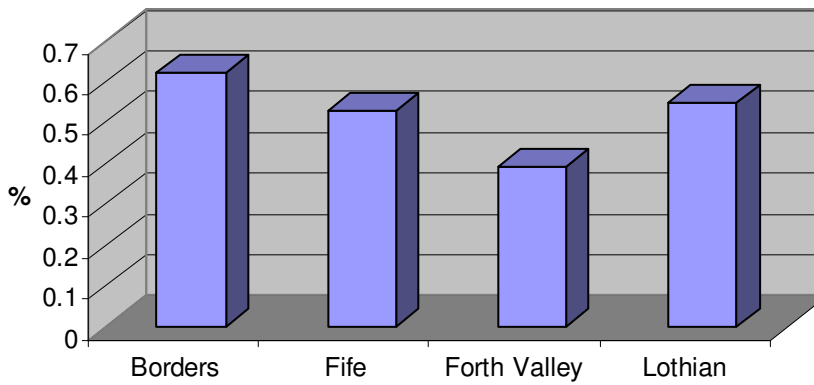
Birth Trend Analysis By Board Area



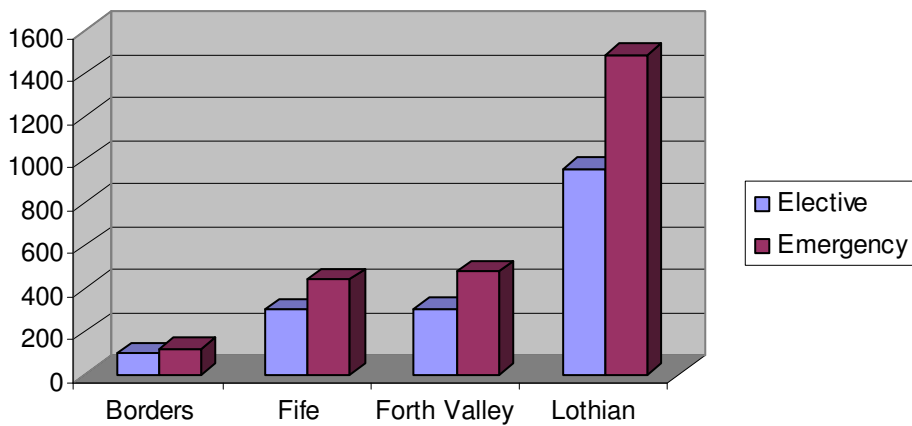
**Percentage Births Instrumental Deliveries April  
2007 - March 2008**



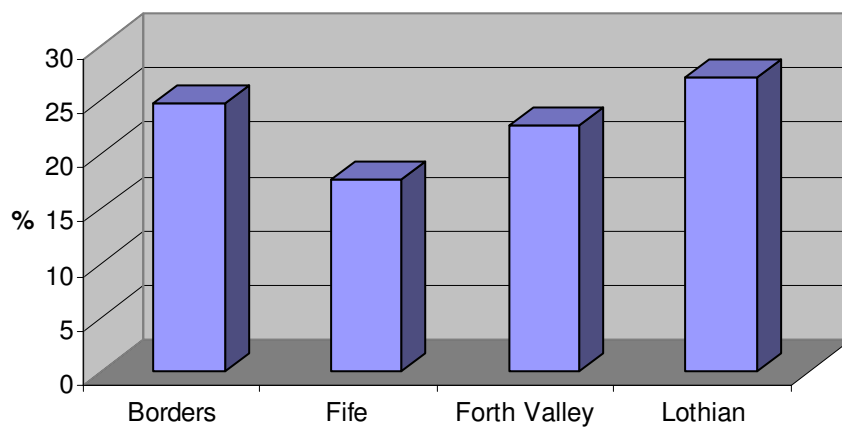
**Percentage Births Breech Vaginal Deliveries April  
2007 - March 2008**



**Caesarean Sections April 2007 - March 2008**



**Induction Rate (%) April 2007 - March 2008**



**Epidural Rate April 2007 - March 2008**

