



WEST OF SCOTLAND

ANNUAL REPORT TO THE NURSING AND MIDWIFERY COUNCIL

1 APRIL 2008- 31 MARCH 2009

**Joy Payne
LSA Midwifery Officer
West of Scotland**

July 2009

Content

Section		Page
	Executive summary	3
1.0	Introduction	5
2.0	Each local supervising authority will ensure their report is made available to the public	8
3.0	Numbers of supervisor of midwives appointments, resignations and removals	8
4.0	Details of how midwives are provided with continuous access to a supervisor of midwives	11
5.0	Details of how the practice of midwives is supervised	12
6.0	Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	20
7.0	Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	21
8.0	Details of any new policies related to the supervision of midwives	24
9.0	Evidence of developing trends affecting midwifery practice in the local supervising authority	26
10.0	Details of the number of complaints regarding the discharge of the supervisory function	31
11.0	Reports on all local supervising authority investigations undertaken during the year	31
12.0	Conclusion	34
	References	
	Appendices	

West of Scotland Local Supervising Authorities

Executive Summary

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

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

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

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

Key achievements for this reporting year

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

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

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

Joy Payne
LSAMO
WOS
September 2009

West of Scotland Local Supervising Authorities

1. INTRODUCTION

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

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

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

1.3 The Chief Executives and LSAMO details are as follows

Local Supervising Authority	Contact Details
LSAMO West of Scotland Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock KA2 0BB

	Telephone 01563 825757 Email joy.payne@aaaht.scot.nhs.uk
Chief Executive of NHS Board Ayrshire and Arran	Wai-Yin Hatton Eglinton House Dallmellington Rd Ayr KA6 6AB Telephone 01292 513648 Email wai-yin.hatton@aaaht.scot.nhs.uk
Chief Executive of NHS Board Dumfries and Galloway	John Burns Crichton Hall Nithbank Dumfries DG1 2SD Telephone 01387 272734 Email John.Burns3@nhs.net
Chief Executive NHS Board Greater Glasgow and Clyde	Robert Calderwood Dalian House 375 St Vincent Street Glasgow G3 8YZ Telephone 0141207462 Email
Chief Executive NHS Board Lanarkshire	Tim Davison 14 Beckford St Hamilton ML3 0TA Telephone 01698 206311 Email tim.davison@lanarkshire.scot.nhs.uk

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

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

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

Continue reducing risks identified by the NMC risk scoring framework

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

Continue raising the profile of supervision of midwifery practice

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

Maintain the recruitment and retention strategy

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

Continue to engage with service users

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

Ensure West of Scotland LSAs website is live

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

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

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

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

Continue developing evidence to meet the standards for supervision

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

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

This report will be distributed to

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

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

3.0 Numbers of Supervisor of Midwives Appointments and Referrals

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

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

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

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

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

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

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

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

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

Table 1 2008-2009

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

Key to Risk Severity

Risk Green=Low Yellow=Moderate Red=High

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

Table 2 2007-2008

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

Total	113	1788	16	5	3	1:16
--------------	------------	-------------	-----------	----------	----------	-------------

Key to Risk Severity

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

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

Table 3 2006-2007

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

Key to Risk Severity

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

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

Table 4 Current status and projected status

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

Key to Risk Severity

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

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

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

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

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

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

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

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

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

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

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

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

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

5.2 *Methods of communication with supervisors of midwives*

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

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

The NMC/LSA Strategic Reference Group

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

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

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

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

LSAMO meeting with Heads of Midwifery in West of Scotland

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

West of Scotland Link Supervisor of Midwives (WoSLSM) Forum

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

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

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

Supervisor of Midwives Local Forums

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

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

LSAMO and supervisors of midwives in HEI

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

Scottish LSAMOS

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

5.3 How the practice of midwifery is supervised

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

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

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

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

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

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

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

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

5.4 Safety of the Public

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

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

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

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

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

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

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

5.5 *Intention to Practice Process and Annual Review*

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

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

5.6 *Supervisors of Midwives as Leaders*

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

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

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

5.7 *LSA Annual audit*

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

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

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

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

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

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

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

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

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

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

5.8 Themes emerging from audit of LSA standards

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5.9 Challenges to effective supervision

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.1 *The LSAMO and HEI*

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

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

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

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

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

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

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

7.2 *Supervisor of midwives engagement with HEI*

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

7.3 Supervisors of midwives supporting student midwives

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

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

7.4 The clinical learning environment for pre-registration student midwives

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

7.5 Preparation of Supervisor of Midwives Programmes

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

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

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

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

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

7.6 *University of the West of Scotland*

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

Programme leader – Maria Pollard

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

7.8 *Challenges*

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

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

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

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

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

7.9 Ongoing Education for Supervisors of Midwives

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

This year the sessions were as follows:-

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

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

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

8.1 Guidance for supervisors of midwives

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

8.2 West of Scotland Guidance Development Group

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

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

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

8.3 Local Guidance

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

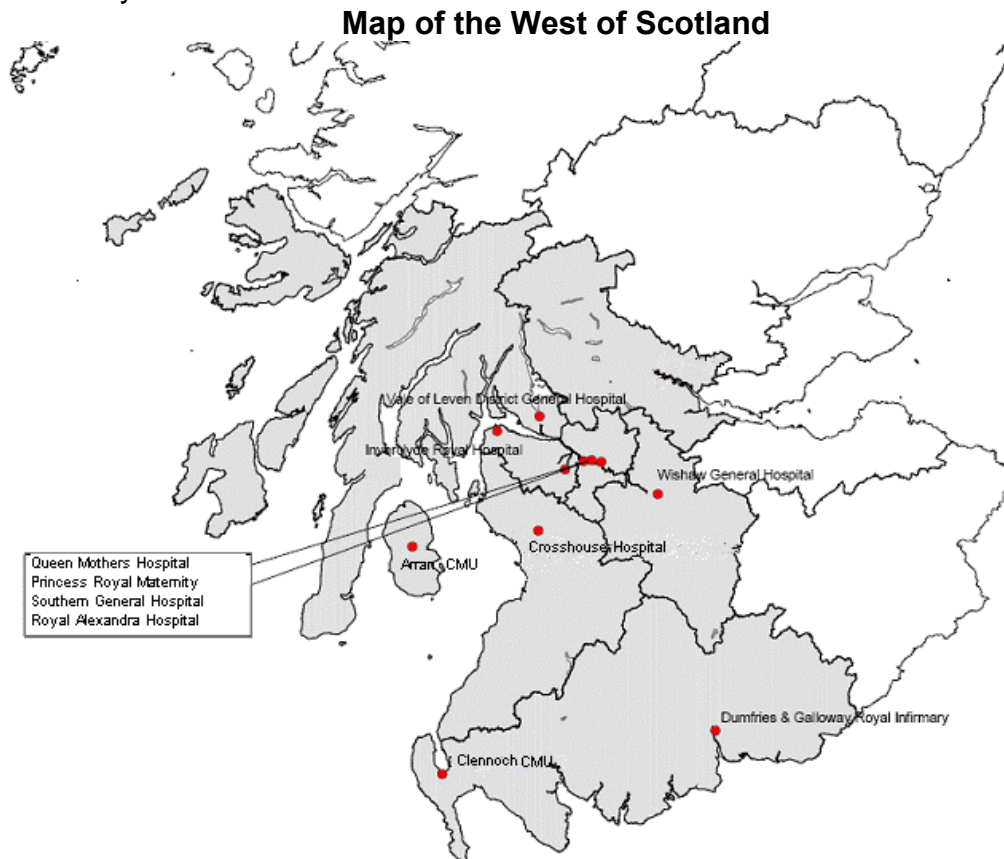
8.4 Reflection

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

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

9.1 Demography of the West of Scotland

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



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

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

9.2 Public Health Profile

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

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

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

9.3 Workforce and Birth Trends

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

Table Birth Rate Trends -No of women delivered

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

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

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

9.5 Midwives to Birth Ratio

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

Table Midwife to birth ratio per LSA

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

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

9.6 Methods of Data Collection

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

9.7 Issues impacting on maternity services

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

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

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

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

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

9.9 *Promoting Normal Childbirth*

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

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

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

9.11 *Serious Incident Escalation Policy*

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

9.12 *Unit Closures*

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

9.13 *Maternal Deaths*

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

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

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

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

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

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

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

11.0 Reports on all local supervisory investigations undertaken during the year

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

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

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

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

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

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

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

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

11.6 Investigations

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

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

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

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

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

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

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

11.9 Referrals to NMC

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

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

11.11 Newly Qualified Midwives

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

11.12 NMC

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

12.0 Conclusion

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

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

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

12.2 LSA Priorities for 2009-2010

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

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

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

**Joy Payne LSAMO
West of Scotland
Local Supervising Authorities**



REFERENCES

Confidential Enquiry into Maternal and Child Health (2007) *Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer 2003-2005* London CEMACH

Local Supervising Authority (2005) *LSA standards for statutory supervision* London

Nursing and Midwifery Council (2004) *Midwives rules and standards* London NMC

Nursing and Midwifery Council (2006) *Standards for the preparation and practice of supervisors of midwives*

Nursing and Midwifery Council (January 2009) 01/2009 *Guidance for the Local Supervising Authority (LSA) Annual report submission to the NMC for practice year 1 April 2008- 31March 2009-09-07*

Nursing and Midwifery Council (January 2009) Annexe 01/2009 *Guidance for the Local Supervising Authority (LSA) Annual report submission to the NMC for practice year 1 April 2008- 31March 2009-09-07*

APPENDICES

Appendix 1

NMC Framework Risk Register Key

Appendix 2

West of Scotland risk profile 2007-2008

Appendix 3

West of Scotland Action Plan

Appendix 4

NHS Dumfries and Galloway Action plan

NHS Greater Glasgow and Clyde Action Plan

Appendix 5

Programme training day for service users

Appendix 6

Conference Fliers

West of Scotland LSA Conference February and March 2009

Conducting a Supervisory Investigation

Appendix 7

Statistics of clinical activity in West of Scotland

Appendix 8

LSA Annual Reports

LSA Annual Report Ayrshire and Arran

LSA Annual Report Dumfries and Galloway

LSA Annual report Greater Glasgow and Clyde

LSA Annual Report Lanarkshire

Miscellaneous

LSA Self Assessment Tool

Current List of Supervisors of Midwives

NMC Framework Risk Register Key

Consequence/Severity of Impact

Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely - 2	2	4	6	8	10
Remote - 1	1	2	3	4	5

RISK ■ Low ■ Moderate ■ High
 1-8 9-15 16-25

Rating consequences and impact

Catastrophic	Critical impact on protection of the public e.g. significant contributor to higher than anticipated unexplained deaths of mothers or infants or, serious injury of mother or baby requiring life-long support. Very difficult and long term to recover.
Major	Major impact on protection of the public or function of the LSA. E.g events which risk public or professional confidence in the respective maternity services or respective LSA/SHA, non-compliance with action plans from various investigating authorities. Medium to long term effect.
Moderate	Significant impact on protection of the public, function of the LSA. E.g. events where co-partners such as Education Providers identify issues in the learning environments for student, where the LSA Framework is unattainable due to closure of education routes for Preparation of SoM Programme. Medium term effect.
Minor	Minor impact, loss, delay, inconvenience e.g. non-compliance with NMC Standard or Guidance. I.e. when appointing an LSAMO, failure to submit an ITP etc, lack of data or evidence to support Investigations or Reports issued by the LSA. Short to medium term effect.
Insignificant	Risk identified with clear mitigation from LSA including management through internal risk framework, clear plans action plans and lines of reportage, etc. Little or no effect.

Rating the likelihood

Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlikely	Could occur at some time
Remote	May occur only in exceptional circumstances

NMC Framework Risk Register

Ref	Summary of information	Source	Risk	Likelihood	Impact	Risk score
Chief Executive sign off and quality of report						
1	Chief Executive did not sign annual report and no indication that it had been viewed by him/her.	LSA Annual Report	Lack of sign off may mean non-engagement with supervisory function at SHA/board level.	2	8	16 RED
2	Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
3	Inconsistent description of supervision framework described and NMC not assured that an effective and consistent supervisory framework is in place.		Effective and consistent supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
Numbers of Supervisors of Midwives, appointments, resignations and removals						
4	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
5	SoM / MW ratio not stated.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors	4	4	16 RED

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

6	Description of how midwives are provided with continuous access to a SoM not described or variable across LSA and NMC not assured that an effective supervisory framework is in place. E.g. some areas within an LSA may use a 24/7 hour rota and some may use a contact list.	LSA Annual Report	That in an emergency midwives may not have clarity about how to contact a Supervisor of Midwives thereby delaying a decision that may have an influence on the outcome for a mother and baby.	3	4	12 AMBER
7	No evidence that ' <i>continuous access to a SoM</i> ' process is audited so lack of assurance that process is working effectively.	LSA Annual Report	Process may not be working effectively which may have impact during emergency situations (see above).	3	4	12 AMBER

Details of how the practice of midwives is supervised

8	LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public	4	3	12 AMBER
9	No description of ITP process.	LSA Annual Report	Lack of supervisory framework in place and inability to delivery function of supervision.	4	4	16 RED
10	LSA Audit Process stated as not undertaken.	LSA Annual Report	No mechanism in place to assure LSA that supervision is functioning and therefore NMC not assured that effective supervisory framework in place.	5	4	20 RED

Appendix 2 to NMC framework for reviewing LSAs

Evidence that service users are assisting the LSAMO with the annual audits						
11	Public User Involvement in supervision audits not described.	LSA Annual Report	Lack of user input into development of supervisory framework. Risk in meeting rules and standards.	4	3	12 AMBER
12	Public User Involvement in supervision could be enhanced.	LSA Annual Report	Minimal user input into development of supervisory framework.	2	2	4 GREEN
Evidence of engagement with higher education institutions in relation to supervisory input in to student midwifery education						
13	No evidence of engagement with higher education institutions.	LSA Annual Report	Risk in meeting rules and standards.	4	4	16 RED
14	Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio.	LSA Annual Report QA Framework	Supervisory framework is not pro-active in improving learning environment for student midwives and/or students learning in an inappropriate clinical environment.	4	4	16 RED
Details of any new policies related to the supervision of midwives						
15	No detail of any new policies.	LSA Annual Report	Lack of pro-activity of LSA in supporting supervisors of midwives with policy development.	4	4	16 RED
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						

Appendix 2 to NMC framework for reviewing LSAs

16	Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.	LSA Annual Report	Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	4	4	16 RED
17	Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery students	3	5	15 AMBER
18	Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER
Details of number of complaints regarding the discharge the Supervisory Function						
19	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	3	5	15 AMBER
20	Evidence of up held complaints against the LSA.	LSA Annual Report	That the LSA has been deemed to be in effective	4	4	16

Appendix 2 to NMC framework for reviewing LSAs

			in its function to women or midwife (dependent on complaint). There may have been a compromises to protecting the public e.g. due to bullying, harassment or discrimination.			RED
Reports on all local supervising authority investigations undertaken during the year						
21	High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers.	LSA Annual Report	Rules and Standards in relation to investigation leading to supervised practice not being interpreted appropriately/effectively. Risk that midwives being placed on a programme of supervised practice inappropriately.	3	4	12 AMBER
General concerns identified in the NMC framework for reviewing LSAs						
22	Inadequate supervisory framework in place to meet the Midwives Rules and Standards across the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
23	Where a midwife is reported to the NMC for clinical concerns without reference to the supervisory framework.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
24	Where the clinical environment is unsafe for midwife student learning or mentorship is	NMC framework for reviewing LSAs	Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER

Appendix 2 to NMC framework for reviewing LSAs

	ineffective and not supporting student midwives.					
25	Concerns regarding the function and performance of supervision within the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
26	Poor compliance with recommendations from any investigations reports from either the LSA or other bodies such as the Healthcare Commission.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
27	Concerns of conduct which relate to, for example, bullying, harassment or abuse of power from within the LSA or supervisory framework which may impact upon the function of supervision.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER

**West of Scotland LSA risk profile 2007-08
LSA Profile**

LSA	West of Scotland Host LSA - Ayrshire and Arran	Chief Executive	Dr Wai – Yin Hatton
LSAMO	Joy Payne	Contact details of LSAMO	Joy.Payne@aaaht.scot.nhs.uk

Numbers of Supervisors of Midwives, appointments, resignations and removals

1	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
---	---	-------------------	---	---	---	-------------

Score: 12

Date of assessment meeting		Recommendations following assesment meeting	<input type="checkbox"/> To monitor <input type="checkbox"/> To undertake review
Reasons for review to be undertaken		Date for proposed review	
Review complete		Report of review published on NMC website	
Action plan received from NMC		Action plan implementation date	
Follow on actions			

Comments

**West of Scotland Supervisors of Midwives
Action Plan
2008-2009**

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
1. Demonstrate the role of statutory supervision of midwives interface within the clinical governance frameworks in each LSA	<p>Ensure links with clinical governance networks within the LSA'S</p> <p>Ensure untoward incidents are reported to the LSA and that there is a mechanism in place to guide SOMS</p>	<p>JP All SOMS</p> <p>All SOMS</p>	Staff time	<p>July 2008 SOMS on clinical risk management committees</p> <p>West of Scotland guidance for reporting serious untoward incidents published and circulated for effect 1/4/08</p>	<p>December 2008</p> <p>Process in place and investigations are being reported. Need to firm up process to trigger SOM investigation</p>	<p>SOMS continue to be represented on clinical risk management committees</p> <p>Untoward incidents are reported to LSA by SOMS . LSAMO is collating a spreadsheet of any incidents reported to LSA to ensure</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	<p>in reporting incidents that may impact on women to the LSA</p> <p>Provide Advice and support to SOMS in the investigation of practice concerns and or where sub optimal practice is alleged , irrespective of the clinical outcome</p>	JP	Staff time		<p>When required</p> <p>LSAMO available to provide advice and support</p>	<p>themes shared to prevent similar occurrences</p> <p>Action Review trigger list & look at the effectiveness of the process in the WoS by Dec 2009 and link in with any outcomes from NMC road shows and LSAMO Forum UK work stream on investigations</p> <p>LSAMO available to provide advice and support as requested and during all investigations</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
2.Raise the profile of statutory supervision of midwives, the role of the supervisor of midwives, the role of the LSAMO and the LSA	Encourage networking across the LSA'S and the sharing of good practice through facilitating sessions for all SOMS and also through the WOS Link SOM'S Forum Implement road shows for midwives outlining the role of the SOM, the LSAMO and the midwife Create	JP All SOMS		Workshops to be rolled out in LSAs where required profiling the role of the SOM	LSA audits identifying verbally that SOMS seen as distinct group. Workshops to be held in and Ayrshire PRM in new year Invitation continues for shadowing opportunities. To be implemented at local levels	Workshops undertaken in PRM in March 2009 to promote role of supervisor. Needs further workshops following service redesign that is currently in place as still difficulty in recruiting in this unit. Profile in Ayrshire has been raised with more midwives showing interest in coming forward to become supervisors as 5 individuals will commence	
		All		Midwives to be given			

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	<p>opportunities for midwives to shadow SOMS to have exposure to the role and contribute to succession planning</p> <p>SOMS to sit on relevant committees to represent views via the perspective of statutory supervision of midwifery practice</p> <p>Establish a website for the public to give information on</p>	<p>SOMS</p> <p>All SOMS</p> <p>JP Link SOMS</p>		<p>opportunities to shadow SOMS when undertaking role</p> <p>SOMS to be represented on</p> <ul style="list-style-type: none"> • Clinical governance committees • Risk management forums • MLSC • Maternity Framework group • Educational curriculum planning committees <p>Establish a web site</p>	<p>SOMS continue to be represented on forums</p> <p>In draft format reviewed in</p>	<p>September 2009 programme.</p> <p>Circulate minutes/notes of SoM meetings to all midwives in each LSA.</p> <p>SOMS represented on all committees in each LSA.</p> <p>Invitation continues for shadowing opportunities. Student SOMS to shadow soms in WOS meeting and encourage staff locally to shadow soms</p> <p>Still in draft format to be finalised in July</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	supervision of midwifery practice				December WOS link meeting	2009 has been reviewed by WOS SOMS	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
3. Demonstrate the evidence, audit trail, and trend analysis of the standards of statutory supervision and midwifery practice	Undertake an annual audit of supervision of midwifery practice to demonstrate that the standards for supervision of midwifery practice are met across the region Gather evidence within each LSA to demonstrate compliance with the standards to assess and assure quality within each LSA	JP Link SOMS SOMS		LSA Audit process established and implemented 2007-2008 For annual audit across LSAs	LSA audits in process for this year	Audits established for 2009-2010 LSA audit reports available in each LSA for 2008-2009 Each LSA local forums responsible for undertaking any individual actions as required	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
4. Increase user involvement in the work of the LSA and the LSAMO	<p>Establish a network for user involvement in supervision across the region</p> <p>Enlist the support of users in undertaking an annual audit of the LSA</p> <p>Provide training sessions for users</p>	JP All SOMS	Travelling expenses and child care expenses for users	Work with NHS Boards and birth groups to recruit users in development of strategies for supervision and also To take part in LSA audits	Users taking part in LSA audit. In liaison with Patient public participation officer in GGC to assess if user participation in audit can be developed such as audit team visiting local groups throughout year. For review following completion of this years audit process.	<p>Explore existing mechanisms for funding user expenses</p> <p>Link SOMS to recruit users in own areas for audit visits. JP will repeat training day for users</p> <p>Look at the use of postal survey to gain women's views</p> <p>LSAMO to provide training sessions dates to be arranged for August/ September 2009</p>	
5. Promote active recruitment and preparation of new SOMS, to ensure standard minimum ratios are maintained,	Implement road shows in areas where there is difficulty in recruiting midwives to	JP Link SOM Forum All SOMS HEIs		<p>Rollout road shows workshops In LSA</p> <p>Give Midwives opportunities to shadow SOMS in</p>	For recruitment in January/ February for September intake for prep course	18 midwives interviewed in May 2009 and 12 undertaking Sept 2009 course Results pending	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
ensuring succession planning	<p>become a SOM.</p> <p>Create shadowing opportunities</p> <p>Encourage midwives to nominate midwives they feel will be good SOMS</p> <p>Ensure adequate support systems in place for student SOMS and newly appointed SOMS</p>			<p>meetings</p> <p>Guidance in place of buddying system to support student SOMS</p>	<p>Student SOMS encouraged to take part in LSA audits and all supervisory activities</p> <p>All student SOMS have mentor</p> <p>Newly appointed SOMS will have a mentor</p>	<p>from Sept 2008 programme – to be appointed Sept 2009</p> <p>To undertake active recruitment in GGC next Feb</p> <p>All areas to maintain own lists of mentors. Template for maintaining register circulated to all areas June 2009 by JP</p>	
6. Provide opportunities for SOMS to expand their knowledge of the	Ensure SOMS actively contribute to and access up	JP Link SOMS		<p>Links established between SOMS and LSAMO.</p> <p>Good links between SOMS and HEIs</p>	<p>Annual conference arranged for February and March 2009</p>	<p>Annual conference taken place on February 11th and March 11th</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
<p>statutory processes and understanding of the role of LSAMO</p>	<p>to date information whilst undertaking their role</p> <p>Ensure SOMS can access information from the NMC</p> <p>Provide an annual conference to ensure networking and the sharing of best practice across the LSA'S</p> <p>Provide support to SOMS as required</p> <p>Develop</p>	<p>JP Link SOMS HEIs</p>	<p>Staff time for training</p> <p>Conference fees</p>	<p>Conference for SOMS to be held annually</p>	<p>Information circulated as received</p> <p>Annual conference arranged this conference will be on developing leadership skills as a SOM</p>	<p>2009 on Leadership and the role of the supervisor</p> <p>Supervisory workshops taken place –for SOMS on conducting supervisory investigations September 2008 and April 2009 more workshops planned for September 2009 and November 2009</p> <p>Information circulated as received</p> <p>Scottish Conference planned for</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	leadership skills of SOMS		Staff time for training Conference fees			December 2009 National LSAMO UK conference next April 2010 in Nottingham Each area to put forward good practice seminars	
7.Ensure registrants understand their responsibilities as registrants from the	Implement road shows across the relevant areas profiling	JP HEIs SOMS Link SOMS		Road shows developed and rolled out. Also SOM role profiled in LSA audits	SOMS continue raising profile of supervision. For workshops in PRM in new	Focus groups with midwives in the LSA audits of 2008-2009	
						WoS conference was on leadership	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
perspective of statutory supervision of midwifery practice including the requirement of the supervisory review	the role of the SOM and the registrant				year. LSA audits demonstrating so far that midwives becoming more aware of their responsibilities as registrants in focus groups. LSA audits are contributing to raising the profile of the SOMS	demonstrated an increased awareness in their role & responsibilities as registrants and that of the supervisor. Soms have raised the profile over the last year. Midwives are attending for annual review in areas there were difficulties	
8. Ensure SOMS have adequate time to undertake the function of the role	SOMS to have the equivalent of a day a month to fulfil their role SOMS to monitor time undertaken on supervisory	All SOMS Line managers	As per staffing	SOMS to have equivalent of 7.5 hours per month to undertake role Monitor time spent in undertaking role and work on difficulties	SOMS monitor time some report having difficulty taking time. Managers are facilitating time	SOMS monitor time - some report having difficulty taking enough time. Managers are facilitating time. SOMS should report difficulties to line managers	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	function and to identify any problems in obtaining time					Utilisation of SOMs time to be included in annual audit questionnaire in LSA Audit 2009-2010	
9. Each SOM to audit case records	All SOMS to audit case records and share relevant findings in practice to improve the quality of record keeping	All SOMs		All SOMs to undertake audits of records	To establish record-keeping audit across each LSA. Process in place in GGC and Lanarkshire. Lanarkshire also conduct documentation workshops	Each area reported ongoing audits taking place. These will all be reviewed in LSA Audit 2009-2010	
New actions identified from NMC (2009) Supervision , support and safety on June 11TH 2009						June 2009	
10. Ensure a robust	Develop a	WoS				JAdverts	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
recruitment strategy is in place to ensure there is a ratio of 1:15 in each LSA	recruitment strategy	guideline group				<p>circulated for interviews in February of this year and interviews took place in may 2009. this will take place annually. Workshops are held in areas where there is difficulty recruiting this has included over the past year Dumfries and Galloway. Princess Royal Maternity unit Greater Glasgow and Clyde and in Ayrshire last year by local SOMS</p>	
11. Audit response times from SOMs to midwives to requests	Develop guideline and audit tool	WoS guideline group				This will be audited in the years LSA audit 2009-2010. In	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
for advice						last years audit no problems highlighted by midwives in accessing a SOM .	
<p>12. Demonstrate actions taken and evidence of progress in response to risks communicated from NMC.</p> <ul style="list-style-type: none"> • Risk in WOS ratio Som/mw above 1:15 in AA GGC DG • Some trends identified as risk i.e. poor communication 	<p>Ensure ongoing annual recruitment Cross reference recommendation 5 Ensure action plan in place & implementation</p>	<p>All</p> <p>All areas</p>		Ongoing		Recruitment taken place throughout the WOS, 11 somms due to be appointed by August b2009 and further 12 student SOMS to commence preparation programme in September 2009	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
13.Feedback concerns to HEI if any concerns in learning environment for student midwives	Ensure focus groups in each LSA audit with Student Midwives	LSAMO		Ongoing		<p>Focus groups held with student midwives in 2008-2009 LSA audits and to be repeated in 2009-2010. LSAMO would feed back any concerns to HEI.</p> <p>LSAMO is going to link with NHS NES PEF to deveop some work around this and also Jean ranksin will feed back minutes of any relevant</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
						meetings to LSAMO on student placements	
14. Concerns about newly registered midwives should be reported	Any concerns with fitness to practice for all registered midwives should be investigated as per guideline L	All		Ongoing		Mechanism in place to report concerns.	
15. Each LSA/ Region should work collaboratively with organisations that have a safety remit such as SPSA	LSAMO to establish a link	LSAMO		Dec 2009		JP to establish link with SPSA and link into WOS meetings	
16. Each LSA should develop action plans in response to trends impacting adversely on <ul style="list-style-type: none"> Safety of women and babies using 	Develop action plan to meet local needs as required	All		Ongoing		Action plans to be developed by all link s in individual units	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
maternity services <ul style="list-style-type: none"> • Ability of midwives to provide safe quality care in the antenatal, intrapartum and postnatal period • Ability of midwives to mentor student midwives to ensure competent applicants to the register 							
17. LSAs should move to an electronic method of storing supervision related data that uses a standard dataset agreed by LSAMO	LSAMO to submit a bid to each NHS Board for funding	LSAMO		July 2009		Bid made to each LSA to share costs of LSA data base	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
UK Forum							
18. LSAs should explore working with organisations that have a safety remit, such as the SPSA in order to address the concerns raised in relation to poor practice	Collaboration initiated & maintained Cross reference recommendation 15	LSAMO & all SOMs		Ongoing		LSMAO to establish link with SPSA	

Joy Payne
LSAMO
West of Scotland

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
1. Provide support to midwives and be visible as leaders during organisational change	1. A SOM to be a member of each work stream 2. A SOM to be available to staff 3. SOMS to be briefed on developments to enable cascade of information to staff 4. SOMS to be aware of policies in relation to redeployment		SOMS to be effective leaders and contribute to effective organisational change	1. Names of SOMS on workstreams Hub & Spokes – Margaret O'Donnell Ultrasound – Anita Kettelhut Daycare/EPAS – Grace Doherty Decommissioning – Debbie MacKinnon High Risk – Di Clark 2. On-call rotas in place for staff to contact a SOM 3. Policies can be accessed on Staffnet	1. Update given on each work stream by Marie - Elaine McClair. Work is progressing at rapid rate now. Some issues need further discussion with GPs
2. Ensure the provision of a safe maternity service and equity of access for all women	1. A SOM to be a member of each work stream and any steering groups 2. Ensure women informed about service provision through public meetings and liaison with Pauline Cameron 3. Ensure guidance consistent/unified across sites		Safe maternity services and women able to access care	1. As in objective 1 point 1 2. Information going out via Pauline Cameron to all areas including spokes. Information being circulated to CHCPs, GPs and women.	1 and 2. Cascade of information on going 3. All policies and guidelines reviewed through GONEC

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
	<p>4. Monitor /audit any practice changes including implementation of KCND pathways</p> <p>5. Work with managers to determine if escalation policies required in times of peak activity</p>			<p>Pauline Cameron provided update to SOMS in June meeting on her role and how she accesses service users this m</p> <p>3. All policies and guidelines reviewed through GONEC –LP leaving so Lesley Shields nominated as new SoM representative on group</p> <p>4. it was agreed that the Consultant midwives Dorothy Finlay and Sheona Brown who are also SOMS should provide an update in each SOM forum on KCND pathways and any evaluations and audit session to update all SOMS.</p>	<p>4. Consultant midwives leading on KCND work to provide update to forum</p> <p>5. SOMS in PRM meet with HOM to discuss activity levels and organisation of services regularly</p> <p>Consideration has been given to Escalation policy – no outcome decision to date</p>

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
				5. Service is reviewing use of escalation policies and Eleanor Stenhouse will provide updates to SOMS in each forum to update group	
3. Ensure midwives have skills to deal with change in practice due to new models of care	1. Each SOM to meet with supervisee and discuss individual needs 2. SOMS to work with managers and ensure training skills analysis undertaken and then implement the training plan 3. Ensure drill workshops in place 3. Ensure staff have induction and orientation programmes to new areas and have opportunity to meet with their SOM at regular intervals for support during change		Skilled and confident midwives	1. Each SOM will review individual needs of supervisee when review undertaken. 2. Skills inventory circulated by Dorothy Finlay and Sheona Brown that may be used in conjunction with SOMS and managers Need to link Supervision in	1. Orientation programmes will be put in place for midwives transferring sites. Skills analysis not undertaken as individual needs will be identified prior to orientation programme. 2. SOMS will meet with supervisees to discuss

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
				<p>with any skills analysis</p> <p>3. SOM sitting on Decommissioning group – Debbie MacKinnon . Supervision to be linked in with induction and orientation programmes. DM to feed back in SOM forums</p>	individual needs. For update next meeting
4. Maintain momentum to achieve national drivers	1. Continue implementing any programmes or drivers		Ensure service up to date and active participants in national drivers	1. Report back in forums on any national drivers 2. Dorothy/Sheona – to provide updates on KCND pathways	1. Update requested for October meeting
5. Ensure collaborative working	1. Arrange meetings with staff from other areas 2. Welcome meetings from SOMS to midwives working in new areas 3. Maintain cascade of		Effective team working contributing to safe maternity services	1. and 2 .This should be arranged by link SOMS when staff know final allocation of workplace. For	1. Allocation of staff across sites now nearly complete. Link SOMS will put

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
	<p>information from SOMS as well as Communication engagement offices to ensure information regular and consistent</p> <p>4. Facilitate midwives attending team briefings and keep midwives up to date from perspective of supervision as well as managerial perspective</p> <p>5. Issue SOM newsletter to promote the progress from the 8 work streams</p> <p>6. Work in partnership with staff side representatives and HR and managers</p>			<p>update in August meeting</p> <p>3.and 4. Update provided to all SoMs by Pauline Cameron 9/6/09</p> <p>Midwives encouraged to attend team briefs at annual review.</p> <p>5. Staff are having updates via organisation on progress form work streams. The supervisors have circulated a newsletter with update/information on supervision of midwifery practice.</p> <p>6. SOM represented on Communication work stream and decommissioning work stream and will</p>	<p>actions into place September to December</p>

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
				provide update in next meeting.	
6. Relocation of SOMS and midwives across the Glasgow sites	1. Ensure midwives have induction and orientation programmes 2. SOMS to maintain regular meetings with supervisees 3 Arrange meetings between midwives for team building 4. Revise SOM caseload when relocation lists of staff available 5. Review format of on call rotas when relocation lists available		Skilled staff able to adapt to new work location	1. HR hold this information link soms to determine staff allocation and work on this action point with soms in each unit. 2. Each SOM to meet with supervisee as necessary. 3. Time out session arranged for SOMS in September 2009 with Liz O'Neil facilitator on strategies to support staff through change, with a follow up session next year when change has embedded in. 4. and 5. Link	1. Staff allocation nearly complete. GGC links to meet in September to revise SOM case loads 2. Time out with Liz O'neill on change management on Septemebr 1 st 2009. Follow up date to be arranged in new year

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
				SOMS to rearrange SOM caseloads for January 2010 as soon as list of staff re-allocation finalised. Then to be distributed around units and midwives to give midwives opportunities to meet their new SOM	
7. Ensure	1. SOM to be member of		Effective	Links to e-mail out for	All staff

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
communication is effective	communication group and involved in communication process 2. Ensure midwives know how to access communication through workshops, individual meetings with SOMS , through induction programmes 3. Work with communication officer and invite to SOM meetings 4. IT support		communication	a representative	updated through communication engagement officer and through lead midwives
8. Ensure guidance and policies in place to support midwives in the work place	1. SOM to sit on guidance /policy groups 2. SOMS to be integral to any clinical governance committees			1. Soms reported in meeting that Guidance and policies already in place to support midwives in their practice. SOM sitting on GONEC Lesley Shields SOM sitting on	SOMS sit on GONEC and clinical risk management forums

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
				clinical governance committees	
9. Ensure participation with users	1. SOMS to engage with Communication engagement officer Pauline Cameron to maintain links and develop strategy for links with user forums		Effective communication		This continues through community Engagement officer
10. Work alongside managerial strategies for workforce planning	1. SOMS to be part of any workforce planning work streams 2. Birth rate plus analysis not being used in Scotland and National Planning team has been established		Collaborative working	1. SOMS on each of the work streams now. Service redesign is being focused to user needs. Update provided by Pauline Cameron who will regularly do this in future . Considering ways to access service users in LSA audit process and	1. SOMS on each work stream. 2. JP sitting on national forum developing workload tools

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009	UPDATE AUGUST 2009
				may meet all users who access Pauline as well as focus groups on days of audit . Action JP and PC 2. JP sitting on national forum developing workload tools	

**West of Scotland Region
Local Supervising Authority Dumfries and Galloway
January 2009**

Action Plan: Audit of the Nursing and Midwifery Council's Standards for the Supervision of Midwives and Midwifery Practice

Recommendation	Action	Lead Committee/ Individual	Resource Implication	Completion Date / Evidence of Completion	Monitoring Status		
<i>Aim;</i>					<i>Update Feb 09</i>	<i>Update May 09</i>	<i>Update September 09</i>
(1) Continue raising the profile of supervision of midwifery practice within the organisation (NB. SOM = supervisor of midwives)	Ensure SOM sits on relevant committees in single role as SOM: <ul style="list-style-type: none"> • Obstetrics Clinical Incident Review Group (CIRG) • Obstetric Speciality Management Team (OSMT) • Maternity Liaison Service Committee (MLSC) • Labour Ward Forum (LWF) Clinical Midwives to shadow SOM locally where appropriate	BT and all SOMS	Staff time		SOM identified for committees. Will review committee membership furthering September when student SOMS appointed to role as SOM	For review in September	SOM allocation to each committee: OSMT : Claire Bryce and Elaine Mitchell CIRG: Gillian Boyes and Carole McBurnie MSLC: Karen King is working to re establish this forum. SoMs who have a special interest to inform Karen LWF: Lorna Lennox Supervision issues that arise at these meeting are fed back to SoM meetings as standing agenda items
					To be reviewed in SOM meeting.	On agenda for SOM meeting in May	

Recommendation	Action	Lead Committee/ Individual	Resource Implication	Completion Date / Evidence of Completion	Monitoring Status		
	Highlight relevant supervision issues in the agenda of all relevant meetings	JR/CT		All staff meetings		On agenda for SOM meeting in May	Relevant supervision items are put onto the Agenda of the senior midwives Communication meetings, OSMT and LWF as appropriate
	SOM to have case load of midwives other than those they may manage	SOMS			Will review following appointment of the student supervisors, when case load will be reviewed	Student SOMS can be appointed to role as SOM following successful completion of course, to convene meeting on appointment and review and establish case loads for all SOMS	A letter has gone to all midwives asking for their 1 st , 2 nd and 3 rd choice of names SoM. This information is being collated by CT and case loads to be reallocated accordingly at the SoM meeting on 25.09.09

Recommendation	Action	Lead Committee/ Individual	Resource Implication	Completion Date / Evidence of Completion	Monitoring Status		
(2) Ensure registrants understand their responsibilities with regard to statutory supervision of midwifery practice	<ul style="list-style-type: none"> Continue raising the profile of supervision in staff meetings. Undertake further visits to Stranraer to promote engagement with statutory supervision. Recruit midwives to prepare for the role of SOM from Stranraer 	<p>All SOMS</p> <p>JP + Student + educationalist</p> <p>JP BT</p>		<p>Monthly</p> <p>By end May 2009</p> <p>By end May 2009</p>	<p>Relevant information will be cascaded to communication meetings .</p> <p>Focus groups with midwives in October 2008</p> <p>LSA audit demonstrated increased awareness of midwives roles and responsibilities in relation to supervision</p>	<p>Staff continuing to embrace supervision of midwifery within Cresswell.</p> <p>LSAMO and student SOM GB visited Stranraer on 30/3/09 to talk on supervision and recruit midwives to prepare for role of SOM</p> <p>There are now 3 Applicants for September preparation course</p>	<p>Staff continuing to embrace supervision of midwifery</p>

Recommendation	Action	Lead Committee/ Individual	Resource Implication	Completion Date / Evidence of Completion	Monitoring Status		
(3) Continue recruiting midwives to undertake preparation course to become a supervisor of midwives	<ul style="list-style-type: none"> Rollout information on preparation course for supervisors of midwives Ensure firm mentorship systems in place during training and when nominated to undertake role Recruit 2 midwives from the West of the region for the next course 	<p>JP</p> <p>Local SOMS educationalist</p> <p>JP BT</p>	<p>Staff time</p> <p>Funding for Course</p>	<p>By end March 2009</p> <p>By end of April 2009</p>	<p>Information circulated in January 2009</p> <p>All student SOMS have a mentor</p> <p>LSAMO met with interested midwives in march and April and student SOMS raising awareness amongst staff continually 3 midwives applied for preparation programme and interviews will take place 29th May 2009.</p> <p>Each current student SOM has mentor and will be allocated preceptor on appointment to role as SOM</p> <p>Two midwives have been put forward to attend Preparation Programme commencing September 2009 one midwife from the west and one from the east of the region. One midwife from the west who had initially expressed an interest in this course has had to postpone it due to personal circumstances</p> <p>All student SOMS allocated a mentor during training and for three months following appointment to role</p>		
(4) Supervisors of Midwives to have rostered time of 7.5 hours for supervision monthly.	<ul style="list-style-type: none"> Each SOM to have rostered 7.5 hours each month to fulfil role Keep log of time spent on supervision 	<p>SOM/line manager to allocate time in roster</p> <p>BT/JR</p> <p>SOM</p>		<p>Monitor monthly</p>	<p>Link SoM has advised SoMs to plan time.</p> <p>Further communication with line managers required</p> <p>Each SOM has 7.5 hours a month for supervision</p>		

Recommendation	Action	Lead Committee/ Individual	Resource Implication	Completion Date / Evidence of Completion	Monitoring Status		
(5) All midwives to meet with SOM for supervisory review at least once a year (Rule 12 NMC Midwives rules and standards)	<ul style="list-style-type: none"> Each SOM has an established yearly programme of annual reviews with supervisees Each midwife to have annual review with SOM Give consideration locally to annual review tool in February SOM meeting 	<p>SOM</p> <p>Midwives</p> <p>All SOMS</p>	Staff time	<p>By March of each year</p> <p>Annual review of tool</p> <p>Each January</p>	Process established	<p>On agenda for SOM meeting in May</p> <p>Each SOM monitor compliance rates with annual review on a monthly basis</p> <p>To review case load when Student SOMS successfully appointed to role</p>	<p>All midwives invited to meet with SOM annually</p> <p>SOMS invite midwives to meet with them when annual registration is due</p> <p>Updated Annual Review form appended</p>
(6) Each supervisor of midwives to undertake an audit of midwives case records	<ul style="list-style-type: none"> Audit each supervisees records and undertake random audit of case records 	Each SOM		This will be discussed at least annually with each supervisee		Audit tool drafted and being trialled prior to adoption in ----	Audit tool finalised in August 14 meeting. Each SOM to undertake an audit of 5 sets of case notes by the end of September 2009. information to be collated by CT to form the basis of workshops on record keeping

Recommendation	Action	Lead Committee/ Individual	Resource Implication	Completion Date / Evidence of Completion	Monitoring Status		
(7) Ensure robust Clinical Governance arrangements are in place for supervision of midwives	<ul style="list-style-type: none"> Monitor notification of incidents to ensure NMC standard 15.1 compliance 	CT/BT		Ongoing	CT/BT		
	<ul style="list-style-type: none"> SOMs to undertake relevant supervisory investigations 	SOMS		Ongoing	Process in place		
	<ul style="list-style-type: none"> Review process of midwives debriefing with SOMS and maintain evidence in individual supervisee file. 	SOMS		Ongoing	Feedback occurs on an individual basis		
	<ul style="list-style-type: none"> Will develop documentation to support in practice e.g. Gibbs Reflective Cycle 	All SOMS		Ongoing	To review in February meeting	Process for this is being developed by JP and SOMS educationalists in UWS and will be discussed in Link SOM meeting June 2009 when finalised	CT/BT LSA investigation conducted this year and completed in August 2009 Feed back occurs on individual basis
<ul style="list-style-type: none"> Review the mechanism for ensuring feedback to midwives re lessons learnt and good practice shared. 	All SOMS					Midwives encouraged to attend meetings	
<ul style="list-style-type: none"> Ensure midwives attend multi disciplinary forums that are held to review clinical events and lessons learnt e.g. Perinatal mortality meetings, Labour ward forums 	All SOMS						
<ul style="list-style-type: none"> LSAMO to continue reporting to executive level 	LSAMO				On agenda for SOM meeting in May	Issues paper submitted to health care Governance committee in May 2009 by link supervisor of midwives	

Recommendation	Action	Lead Committee/ Individual	Resource Implication	Completion Date / Evidence of Completion	Monitoring Status		
(8) Build on developing evidence to demonstrate compliance with the standards for supervision as set out in LSA self assessment tool	Develop evidence as stipulated by NMC and as set out in LSA self assessment tool	Each SOM to have lead on each of the five standards with a student SOM		All SOMS	To establish lead for each standard February 2009 and then Ongoing	On agenda for SOM meeting in May. Student SOM to work alongside SOM on each standard Each lead to provide update in each meeting	<p>SOM responsible for each standard</p> <p>Standard 1 Women focused Maternity services</p> <p>Standard 2. Supervisory systems</p> <p>Standard 3. Leadership</p> <p>Standard 4 Equity of access to Statutory Supervision of Midwives</p> <p>Standard 5:Midwifery practice</p> <p>SOMs will be allocated to each standard at meeting on 25.09.09</p>

Joy Payne
LSA MO West of Scotland
SOM Forum Dumfries and Galloway



SERVICE USER LSA AUDIT WORKSHOP

1- 3pm

**VENUE Queen Mothers Hospital
Parent Craft Room**

LUNCH PROVIDED

Facilitator Joy Payne LSAMO West of Scotland

- | | |
|----------------|--|
| 1.00 pm | Welcome and Introductions |
| 1.15pm | Overview of Statutory Supervision |
| 1.45 pm | Reason for LSA audit visits |
| 2.15 | Proposed time table |
| 2.20 | LSA audit standards |
| 2.30 | Feedback from 2007-2008 LSA audits |
| 2.45 | Group discussion on themes for this year's audit
Ground rules and any questions |



**West of Scotland
Supervisors of Midwives Workshop
Conducting a Supervisory Investigation**

**PROGRAMME
12th September 2008
Venue Beardmore Hotel & Conference Centre
Clydebank
Glasgow**

Facilitated by Joy Kirby LSAMO EoE

Joy Payne LSAMO WoS

09.00- 09.15 Coffee and Registration

0915 -10.30 Introduction and Conducting a Supervisory Investigation

10.30-10.45 Tea Break

10.45-12.30 Fact Finding

12.30-13.15 Lunch

13.30 -15.00 Investigation Interviews

15.00-15.15 Tea break

15.15-17.00 Coming to Conclusions & Making Recommendations





West of Scotland Supervisors of Midwives Conference 2009

February 11th and March 11th

Supervision in Action Midwifery Leadership –Making it happen

Facilitator Liz O'Neill

Welcome and Introductions

Understanding Leadership in a Supervisory Role

Challenges and skills

Influencing and Using Power

Leading Change

Coaching for Development

Communication

Dealing with Conflict

Taking Stock

Planning and Prioritising

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

Appendix 7

	Princess Royal Board Glasgow	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven	Ayrshire and Arran	Dumfries and Galloway	Stranraer	Wishaw	
CLINICAL ACTIVITY											
Total women delivered	5794	3018	3361	3764	95	98	3773	1222	238	5177	
Total delivered in the hospital	5768		3350		92	94	3757	1176	226	5113	
Total number of babies born	5896		3431	3821	95	98	3827	1246	240	5262	
Number of hospital births in water	33	0	84		1	8	112 hospital 3 home	19	2	0	
Deliveries in community maternity units											
Stand alone	N/A	N/A	N/A		92	94	7	0	85	N/A	
Within main unit	N/A	N/A	N/A				1	1176	141	N/A	
Total number of women booked under midwife-led care (Taken as a % of deliveries)	N/A	N/A	N/A		347 (36%)	237 (36.6%)	57% at booking 70% all labour admission s	Data not currently collected		No dat a	
Total number of women transferred to consultant care	N/A				211	A/N 123 (51.8%) I/N 24 (10.1%)	Incomplete data 30% transfer for midwifery unit to obstetric unit	Data not currently collected		No dat a avai labl e	

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

Appendix 7

	Princess Royal Board Glasgow N/A	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven	Ayrshire and Arran	Dumfries and Galloway N/A	Stranraer N/A	Wishaw N/A
Are you able to monitor reasons for transfer?							Delay in 1st stage 20.7% Epidural request 46.6% Meconium 9.5% Fetal heart rate irregularity 4.2% Misc.7% delay in 2nd Stage 12%			
HOME BIRTHS										
Number of intentional home births attended by a midwife	5		16		1	1	16	6	6	54
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew	21		23		2	3	26	6	1	29

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

Appendix 7

	Princess Royal Board Glasgow NHS	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven	Ayrshire and Arran	Dumfries and Galloway	Stranraer	Wishaw
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	0		0		0		0	22	3	27
Total deliveries in the home	26		11		3	4	22	28	9	
Number of homes births in water	0		2		0	0	3	0	1	3
PUBLIC HEALTH DATA										
Number of women initiating breastfeeding	2690		71.1%		44%	48%	55%	688	106	1384
Number of women breastfeeding on discharge to Health Visitor (% of total women birthed)	1397 data incomplete due to cross boundary info		46.65%		29.2%	Not recorded	29%	394	66	965
Number of women smokers at time of: booking	1030 Data incomplete		348		226	48%	893 Data incomplete	307	67	N/A
Delivery	927		N/A		Not recorded	Not recorded	653 Data incomplete			N/A
Number of babies born to women under 18 years old (at time of delivery)	261		ISD Awaited		4	2	N/A	48	9	140

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

Appendix 7

	Princess Royal Board Glasgow	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven	Ayrshire and Arran	Dumfries and Galloway	Stranraer	Wishaw
MATERNITY OUTCOMES DATA										
Number of babies born alive	5858		3418		95	98	3810	1216	238	5237
Number of stillbirths	38		13	16	0	0	17	6	0	25
Number of early neonatal deaths (i.e. at 6 days and under)	6		2	11	0	0	6			4
Number of late neonatal deaths (i.e. 7 – 28 days)	0		2	0	0	0	7			3
INTERVENTIONS										
Planned inductions	1720		590	1030 27%	95	98	855	221	37	868
Accelerated labours (including ARM and Syntocinon, or both)	1484		N/A	330 9%	0	0	1977	N/A	N/A	2125
Episiotomies	972		200 SVD Rate		0	0	598	117	19	677

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

Appendix 7

	Princess Royal Board Glasgow	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven	Ayrshire and Arran	Dumfries and Galloway	Stranraer	Wishaw
			= 9.2%							
Epidurals with vaginal births	3090		403=SVD RATE18.7 %		0	0	916	0	0	584
Epidurals/spinals with caesarean sections	E597 S1191 T1788		98.8%				982	116	36	
Planned caesarean sections	614	443 14.6%	287=8.5%					149	27	460
Emergency caesarean sections	CS1 203 CS2 559 CS3 374	500 16.5%	501=14.9 %		0	0	662	195	23	910
Total caesarean sections	1750	943 31.2%		1013 27%	0	0	391	344	86	1370
Forceps deliveries	507	286 9.4%	788=23.4 %	331 9%	1	3	1053 (27.9%)	52	3	435
Ventouse deliveries	217	98 3.2%	255=7.5%	175 5%	0	0	61	38	8	110
Vaginal breech deliveries	23	8 0.26%	104=3.1%	0	0	0	7	4	2	18
					0	0				
FACILITIES										

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

Appendix 7

	Princess Royal Board Glasgow NHS	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven	Ayrshire and Arran	Dumfries and Galloway	Stranraer	Wishaw
Type of unit (consultant/midwife/GP)	Consultant	Consultant	Consultant	Consultant CMU	0	0	Consultant CMU	Consultant	Stand alone CMU	
Total number of maternity beds (including delivery beds)	82 8 Delivery beds		67	70	0	0	65 (14 delivery beds)	28	2	
Number of obstetric theatres	2		1	2	0	0	2	1	0	
Staffed by midwifery staff (other than receiving baby)	Y		Y	Y	1	0	50%	Yes	N/A	
Staff by theatre staff	Y		Y + Anaestheti c staff	N			50% 6.4% wte nurses +1 odp	Yes	N/A	
High dependency beds	2		HDU on site	4 Planned			2	No	No	
Early pregnancy unit	Y		Y	Y	Y	Y	Y	As part of antenatal clinic	1 room	
Fetal medicine unit	N	Y	N	N	N	N	0	As part of antenatal clinic	1 room	
Antenatal day assessment unit	Y	Y	Y	Y	Y	Y	Y	As part of antenatal clinic		
Birthing pool	Y	N	Y	Y	Y	Y	1 permanent 1 disposable			
Bereavement/quiet room	Y	Y	Y x2	Y	N	Y	1			

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

Appendix 7

	Princess Royal Board Glasgow	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven	Ayrshire and Arran	Dumfries and Galloway	Stranraer	Wishaw
Partners accommodation on AN ward	Y	N	N		N	N	0			
Family kitchens	N	N	N	N	N	Y	Most kitchens can be used by women			
Security system: Controlled door entry	Y	Y	Y	Y	Y	Y	Y			
Baby tagging	N	N	N	N	N	Y	N			
Pressure mattresses	N		N	Y	N	N	No but can be obtained if required			
Midwife-led beds	Y	N	N	3I/N 6P/N	3	Y	1 in CMU 7 in midwifery unit for Intrapartm postnatal care			
Intrapartum GP care	N	N	N	N	N	N	0			
Transitional care cots	N	N	N	8 Planned	N	N	Pending			
Some midwives take responsibility for decision making and undertake:										

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

Appendix 7

	Princess Royal Board Glasgow	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven	Ayrshire and Arran	Dumfries and Galloway	Stranraer	Wishaw
Neurophysiological examination of the newborn	Y	N	Y	Y	Y	Y	2			40 Trained 30 competent
Ultrasound scans	Y	Y	Y	Y	Y	Y	1			1
Amniocentesis	N	N	N	N	Y	N	0			0
Induction of labour by prostaglandin	Y	Y	Y	Y	N	N	0			Y
by syntocinon	N	Y	Y	N	N	N	LW co-ordinators			Y
Ventouse deliveries	N	N		N	N	N	4 Assisted birth practitioner			N
Forceps deliveries	N	N	N	N	N	N	4 Assisted birth practitioner			N
Six week postnatal examination	N	N	N	N	N	N				N
Cervical smears	Y	Y	Y	N	N	N	0			N
Specialised counselling	Y	Y	Y	Y	Y	Y	1 Fetal services midwife			N
External cephalic version	N	N	N	N	N	N	0			N



**Local Supervising Authority
Ayrshire and Arran
1 APRIL 2008- 31 MARCH 2009**

**Prepared by Joy Payne
LSA Midwifery Officer
West of Scotland**

August 2009

Content

Section		Page
	Executive summary	3
1	Introduction	4
2	Each local supervising authority will ensure their report is made available to the public	6
3	Numbers of supervisor of midwives appointments, resignations and removals	7
4	Details of how midwives are provided with continuous access to a supervisor of midwives	8
5	Details of how the practice of midwives is supervised	10
6	Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	15
7	Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	16
8	Details of any new policies related to the supervision of midwives	18
9	Evidence of developing trends affecting midwifery practice in the local supervising authority	19
10	Details of the number of complaints regarding the discharge of the supervisory function	21
11	Reports on all local supervising authority investigations undertaken during the year	21
12	Conclusion	23
	References	
	Appendices	

Local Supervising Authority Ayrshire and Arran

Executive Summary

The Local Supervising Authority (LSA) is responsible for ensuring that the statutory supervision of all midwives and midwifery practice as set out in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council Midwives rules and standards (NMC 2004) is carried out to a satisfactory standard for all midwives working within its geographical boundaries.

This report follows the guidance set out by the Nursing and Midwifery Council Guidance for the LSA annual report submission to the NMC for the practice year 1 April 2008-31 March 2009.

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

There are 54 standards contained within the midwives rules and the role of the Local Supervising Midwifery Officer (LSAMO) is to ensure the standards are met. A self assessment tool is undertaken within the LSA on an annual basis and any actions required are incorporated into an action plan, which the supervisors of midwives review on a regular basis.

Each midwife is required to have a supervisor of midwives and supervisors of midwives are appointed to the LSA. As set out in the NMC (2004) Midwives rules and standards the LSAMO plays a pivotal role in clinical governance by ensuring the standard of supervision of midwifery practice meets that required by the NMC.

This report provides details on how the statutory requirements are being met in NHS Ayrshire and Arran and where challenges or risks to the function of statutory supervision of midwifery have been identified. It also describes what actions are being taken to ensure that there is a safe standard of care for the public.

Local Supervising Authority Ayrshire and Arran

1.0 Introduction

This report covers the reporting year 1st April 2008-31st March 2009. It has been produced to meet the requirements of Rule 16 of the NMC (2004) Midwives rules and standards in the Local Supervising Authority (LSA) of Ayrshire and Arran. Articles 42 and 43 of the Nursing & Midwifery Order 2001 require that the practice of midwives be supervised. The purpose of the statutory supervision of midwives is to protect the public and to support and promote good midwifery practice. The LSA is responsible for ensuring that statutory supervision of midwifery practice is exercised to a satisfactory standard and this is delegated to the LSAMO.

The LSA sits within the NHS Board Ayrshire and Arran. The Chief Executive and LSAMO details are as follows:-

Local Supervising Authority	Contact Details
LSAMO West of Scotland Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock KA2 0BB Telephone 01563 825757 Email joy.payne@aaaht.scot.nhs.uk
Chief Executive NHS Ayrshire and Arran	Wai Yin Hatton NHS Ayrshire and Arran Telephone Email

1.1 Standards

In the NMC (2004) Midwives rules and standards there are 54 Standards to be met by LSAs and supervisors of midwives. A self assessment of the 54 standards is undertaken annually. Where standards are not met or only partially met action plans are developed in conjunction with supervisors of midwives to achieve the standard.

1.2 This is the third report since the inception of a fulltime LSAMO in the West of Scotland. There are four LSAs in the West of Scotland. Each Chief Executive in the West of Scotland requires an annual report to enable them to have assurances that there is a robust framework of statutory supervision of midwifery practice within its geographical boundaries. Therefore this report aims to demonstrate how the standards are being met with in the LSA of NHS Ayrshire and Arran.

1.3 Over the past three years the LSAMO has made steady progress alongside the supervisors of midwives in establishing a strategic direction for supervisors of

midwives in the area. This includes the establishment of a West of Scotland Link Supervisor of Midwives Forum (WOSLSM), a process for auditing LSAs throughout the region and a system to notify serious untoward incidents to the LSA.

Supervisors of midwives are undertaking investigations when there has been a serious incident to address practice issues and identify system failures. Guidelines and policies have been reviewed and this year the LSAMO Forum UK Guidance has been adopted across the West of Scotland to ensure the standard of supervision of midwifery practice is consistent with all other areas in the UK. A website has also been established across the region in July 2009. This can be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk .

Networks are now firmly established throughout the region and there is evidence of progress in achieving the targets set out in previous LSA annual reports submitted to the NMC.

1.4 NMC Risk Register

When the annual report is submitted to the NMC a risk scoring framework is used (Appendix 1) to assess non compliance with the 54 NMC standards for LSAs. This risk score is applied collectively by the NMC across the four LSAs in the West of Scotland. In the practice year 2006-2007 a risk score of 129 was applied to the West of Scotland.

The risk score has been reduced. Together with the LSAMO they have established a strategic and consistent approach to statutory supervision of midwifery across the region. The LSA has been committed to ensuring there is a robust framework for statutory supervision in place. This work was rewarded as in the year 2007-2008 a risk score of 12 (Appendix 2) was given to the West of Scotland which demonstrates the significant work Supervisors of midwives across the area have undertaken work to ensure undertaken by supervisors of midwives to ensure there is a consistent and strategic approach to statutory supervision of midwifery practice.

1.5 The risk identified by the NMC following submission of the annual report for the year 2007-8 was :-

- SOM/MW ratio above 1:20 within individual services or across the LSA

In NHS Ayrshire and Arran the ratio was 1: 19 which as specified by the NMC risk register places the LSA as at moderate risk. There has been an active recruitment strategy within the LSA over the past year and five student supervisors of midwives will commence the preparation programme in September 2009. In the past year there have been three student supervisors of midwives and one of these was appointed in July of this year.

It is anticipated that if there are no resignations that there will be ratio of 1:14 by August 2010.

1.6 Challenges identified for NHS Ayrshire and Arran in last years annual report were identified as :-

- Continue reducing identified risks by the NMC

- Continue raising the profile of supervision of midwifery practice
- Maintain the recruitment and retention strategy
- Continue to engage with service users
- Ensure West of Scotland LSAs website is live
- Ensure the framework of supervision of midwifery practice is proactive and supports midwives in their roles
- Continue developing evidence to meet the standards for supervision of midwifery practice

Progress is being steadily made to meet these challenges. Supervisors of midwives have been committed to raising the profile of supervision within the NHS Board and in encouraging other midwives to undertake the preparation programme to become a supervisor of midwives. The supervisors also strive to promote supervision of midwifery practice amongst service users and have a range of attractive posters throughout the unit. Promotion of the role of supervisor of midwives amongst service users is ongoing work and still continues to be a challenge as demonstrated again in this years LSA audit. The West of Scotland web site became live in July 2009. The supervisors of midwives show continued commitment to their role in striving to achieve a proactive framework for supervision and meeting the standards for supervision of midwifery practice.

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

This report will be distributed to

- NMC
- Each Supervisor of Midwives
- The LSA /NHS Board
- Maternity Services Provision Group.
- Clinical Governance Committee
- Any member of the public on request
- Lead Midwife for Midwifery Education
- Head of Midwifery
- Director of Nursing

A web site has also been developed for the West of Scotland LSAs and went live in July 2009. The report will be published on the website which is www.midwiferysupervision-woslsa.scot.nhs.uk.

3. *Numbers of Supervisor of Midwives Appointments and Referrals*

- 3.1** There are currently sixteen supervisors of midwives in NHS Ayrshire and Arran. Three hundred midwives submitted their Intention to Practise in the reporting year in the LSA. This gives a ratio of 1:19 supervisor of midwives to midwives

within the LSA which is above the NMC recommended target of 1:15. This ratio was identified as a risk in the NMC framework risk register in previous annual reports. The ratio of supervisor to midwives is deemed as a risk by the NMC and a risk score of 12 was given to the West of Scotland in relation to this risk. An alert letter was issued by the NMC based on this risk factor.

The NMC risk register key has been applied to the numbers of supervisors and midwives on 31 March 2009 this can be seen in table 1. Table 2 depicts the number of supervisors of midwives, appointments, designations and leave of absence for the year 2006-2007, 2007-2008 and display the trends over the last two years. Table 3 provides an up to date position.

Table 1 2008-2009

LSA	Number of Supervisors of midwives	Number of MWS	Appointments	Resignations	Leave of Absence	Ratio Of SOM/MW
A&A	16	300	0	0	2	1:19

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 1 demonstrates that the ratio of supervisor to midwives in Ayrshire and Arran is 1: 21 and is moderate risk

Table 2 2006-2008

LSA	Year	Number of supervisors of midwives	Number of Midwives	Appointments	Resignations	Leave of Absence	Ratio SOM:MW
A&A	2007-2008	16	310	2	0	2	1:19
A&A	2006-07	16	310	3	1	0	1.18

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 2 displays trends over two years which shows little variation in the ratio of supervisor to midwives over the two years

Table 3 Ratio from June 2009 and up to September 2010

Number of Midwives	Number of supervisors as of June2009	Ratio	Number of students to commence preparation programme September 2009	Projected ratio September 2010
300	17	1:18	5	1:14

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 3 gives a projection of trends; the ratio is now 1:18 and projected as being 1:14 by 2010

It can be seen from the tables that there has only been slight variations in the ratio over the past two years. The supervisors of midwives have been very active in the last two years in profiling the role of the supervisor of midwives in an effort to recruit midwives to take on the role of supervisor of midwives.

3.2 NHS Ayrshire and Arran have had difficulty recruiting supervisors of midwives. The previous LSA audits identified that midwives did not feel experienced enough or confident enough to undertake the role of supervisor of midwives. Therefore in an effort to profile the role of the supervisor of midwives, and the

eligibility of midwives to undertake the role of supervisor of midwives, the supervisors of midwives have held awareness raising sessions in midwives annualised training days. The supervisors of midwives have also encouraged midwives to nominate midwives who they think would be good supervisors of midwives. This strategy has met with some success as five midwives are due to undertake the preparation programme in September 2009. The supervisors of midwives report that being nominated by their peers has encouraged midwives to take on the role. One midwife has been appointed to the role of supervisor of midwives in July 2009 and two midwives are currently undertaking the preparation programme.

It is anticipated that if there are no further resignations there should be a ratio of 1:14 by July 2009. Active recruitment will take place in the spring of 2010 in readiness for the next preparation programme in September 2010.

- 3.3** There have been no removals or suspensions from the role of supervisor of midwives.
- 3.4** Supervisors of midwives are appointed in accordance with the LSAMO Forum UK Guidance for the selection and appointment of supervisors of midwives. Midwives either self nominate or are nominated by their peers. They are then interviewed by a panel which includes a peer, a supervisor of midwives, an educationalist and the LSAMO. If they are successful at interview they will then undertake the preparation programme to become a supervisor of midwives. Following successful completion of the course they will then be appointed as a supervisor of midwives to the LSA. When appointed to the LSA all supervisors of midwives are mentored for a minimum of three months.

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

- 4.1** Each midwife in the LSA NHS Ayrshire and Arran has a named supervisor of midwives. All midwives are allocated a supervisor of midwives. Midwives are sent letters asking them to choose their supervisor of midwives. However if they cannot have the supervisor of midwives of their choice for example if the preferred supervisor of midwives case load is to full, they are offered the opportunity to have another supervisor of midwives of their choice. This was evidenced in the audit process and by speaking to midwives during the LSA audit. There is also a list of all supervisors of midwives in each ward and department.
- 4.2** There is 24 hour access to a supervisor of midwives through an on call rota. The LSA audit identified that in both sites midwives knew their supervisor of midwives and knew how to contact a supervisor of midwives over a 24 hour period. The supervisors of midwives provided evidence of an on call rota in the audit and this was also verified by staff in focus groups.
- 4.3** It was identified in the LSA audit that midwives generally contacted a supervisor of midwives for advice and support usually in relation to Intrapartum care. No issues were identified in the LSA audit to indicate that there was a problem with response times between midwives and supervisors of midwives or women and

supervisors of midwives. This included Arran which is an island with midwives working in isolation from the mainland. Since the previous audit the midwifery service in Arran has amalgamated with the main service in the Ayrshire maternity unit and the midwives have become single duty registrants. They felt the change had greatly improved their role as they could now concentrate solely on their role as a midwife. They felt closer to the midwives on the main land and felt this improved communication and they felt supported in their practice as midwives. They knew how to contact a supervisor of midwives on the main land.

- 4.4** An audit tool to audit the response times from supervisors of midwives to requests from midwives has been developed. This will be used in conjunction with a survey and focus groups in the LSA audit of 2009-2010.
- 4.5** It was identified in previous LSA audits that not all midwives have been meeting with their supervisor of midwives for an annual review. Midwives have been reminded of the importance of this in the sessions run by supervisors of midwives and supervisors report that most midwives are now meeting their supervisor of midwives. Full compliance is anticipated by the LSA audit cycle in 2009-10.
- 4.6** All supervisors of midwives have a lanyard denoting that they are a supervisor of midwives. This helps to ensure they are easily identifiable to midwives and members of the public.
- 4.7** Student midwives are also allocated a supervisor of midwives from the supervisors of midwives in the University of West of Scotland. This is due to change shortly and students will be allocated supervisors of midwives from the NHS Board. During the LSA audit the student midwives could identify with the role of the supervisor of midwives generally. All students reported that if they had a problem in practice they would meet with their personal lecturer in the first instance.

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

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

5.1 *Methods of communication with supervisors of midwives*

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

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

The NMC/LSA Strategic Reference Group

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

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

This forum meets every 2 months and was established to provide all the LSAMOs with support and to ensure that supervision of midwifery practice is developed and delivered in a consistent manner across the UK.

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

LSAMO meeting with Heads of Midwifery in West of Scotland

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

West of Scotland Link Supervisor of Midwives (WOSLSM) Forum

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

The forum considers national strategies and directives from the NMC, Scottish government, or other relevant bodies. Supervisory issues are reviewed and discussed and the forum is used as a platform to implement the strategic direction for supervision of midwifery practice across the West of Scotland. The forum is also used for the sharing of best practice and working through any challenges that may arise. NHS Ayrshire and Arran supervisors of midwives are represented on this forum by Laura Muir.

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

Supervisor of Midwives Forum in LSA Ayrshire and Arran

There is a local forum in Ayrshire and Arran and the supervisors of midwives meet every month. Feedback is given from the West of Scotland link supervisor of midwives meeting and local issues are discussed. The meetings are chaired by a supervisor of midwives and this position is rotated across the supervisors of midwives on a six monthly basis. This enables each supervisor of midwives to have an opportunity to chair the forum and prepare papers and helps to develop leadership skills amongst supervisors of midwives.

The supervisors of midwives also hold an annual away day, where they have invited speakers on relevant topics and develop work plans for the forthcoming year.

LSAMO and Supervisors of Midwives in HEI

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

Scottish LSAMOS

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

5.2 *How the practice of midwifery is supervised*

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

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

Each of these standards is now audited annually in a LSA annual audit through a self assessment tool and by questioning supervisors and midwives about their experiences in relation to these standards.

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

Each midwife has a named supervisor of midwives and there has been steady progress in the number of midwives meeting their supervisor of midwives for an annual review. It is anticipated that there will be full compliance with this standard by the next reporting year other than with midwives who are on long term sick leave or maternity leave.

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

All midwives have 24 hour access to a supervisor of midwives.

The LSA audit identified steady progress in achieving the LSA standards in 2008-09. No significant issues were identified. All the standards were either met or partially met.

5.3 Safety of the Public

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

There is a supervisor of midwives on the clinical risk management group within the NHS Board and supervisors of midwives support other clinical governance strategies.

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

Work is being developed between the University of West of Scotland and the LSAMO to develop a system for supervisors to undertake a formal reflection with a midwife following an investigation when supervised or supported practice has not been deemed a necessary outcome following the investigation. This will be implemented in 2009-2010.

The supervisors within the LSA are committed to supervision of midwifery practice and its remit in the protection of the public within the LSA. They work hard in both developing and achieving the standards of supervision. Where there are challenges in practice the supervisors of midwives agree actions seeking the support of the LSAMO when necessary.

5.4 Intention to Practise Process and Annual Review

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

Each supervisor of midwives plans to meet with her supervisee to discuss learning needs, professional development needs and to discuss any concerns the midwife may have. To facilitate the annual review supervisors of midwives have made plans to meet with the supervisee over the year rather than the end of the practice year.

5.5 Supervisors of Midwives as Leaders

The LSA audit identified in 2008-9 that there is an increased awareness amongst staff of the role of supervision of midwifery practice. They saw the supervisors as a distinct and separate group from management and valued that

many of the supervisor of midwives now had clinical roles and worked in the clinical environment. The midwives present were not fully aware of what supervisors of midwives did in their meetings and felt it would be very useful to have information about supervisory activities on a regular basis. The supervisors of midwives do produce a newsletter in this area.

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

- Clinical Incident Review Group
- Clinical effectiveness forums
- Maternity Service Provision Group
- Educational Curriculum Planning Forums

5.6 LSA Annual audit

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

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

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

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

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

The LSA audit took place over two days on 10th and 11th September 2008. The LSA audit team visited the two units and also met with senior members of the midwifery management team.

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

report of the LSA audit was then sent to the Chief Executive, Director of Nursing, Head of Midwifery and Supervisors of Midwives.

On the whole the 54 standards were met in the LSA NHS Ayrshire and Arran. Where they were not met or partially met the supervisors of midwives discuss the issues in their local meetings and update any local actions needed. There is also a West of Scotland Action Plan that is reviewed every six months in the West of Scotland link supervisors of midwives forum to take issues forward across the region as well as at a local level (Appendix 3).

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

It can be demonstrated then that an audit process is in place to assess how the practice of midwives is supervised and that a continual process to identify challenges and to ensure continuous improvement is in place. This helps to ensure that supervision of midwifery practice is proactive and gives a framework for the protection of the public.

5.7 Challenges to effective supervision

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

The supervisors identify the promotion of normality as a challenge to their role and continue to be committed to the promotion of normality within the department and by contributing to national projects.

Other challenges identified by supervisors in this years audit were the need to continue raising the profile of supervision amongst midwives and women and to undertake an audit of record keeping and feed relevant issues back to staff.

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

6.1 Service users were invited to take part in the LSA audit process. A training day was held to prepare service users to take part in the audit process this year. The programme for the training day is in the appendices (Appendix 4). Two training days were held and in total 10 service users attended the sessions and these

were evaluated well. A service user was part of the audit team in Ayrshire and Arran. The audit team also met with a group of service users who spoke highly about the local service. A number of women had delivered in maternity units in other parts of the UK and were very pleased with the service in this area in comparison to their previous experiences.

7. Evidence of Engagement with higher education institutions in relation to supervisory input in midwifery education

7.1 The LSAMO and HEI

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

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

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

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

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

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

7.2 Supervisor of midwives engagement with HEI

NHS Ayrshire and Arran receive students from University of West of Scotland. Supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and continuous professional development. Supervisors of midwives are on curriculum planning teams and undertake lectures on pre registration and post registration programmes. They also ensure that midwives remain updated.

7.3 Supervisors of midwives supporting student midwives

Each student midwife is allocated a supervisor of midwives from supervisors of midwives within the HEI. This is due to change shortly and supervisors will be allocated supervisors working with in the NHS Board. Student midwives were

part of focus groups during the LSA audits and it was evident that they were conversant with the role of the supervisor of midwives in protection of the public.

7.4 *The clinical learning environment for pre-registration student midwives*

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

7.5 *Preparation of Supervisor of Midwives Programmes*

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

To recruit new supervisors adverts listing the skills required to be a supervisor of midwives are circulated throughout the LSA. Any midwives who are nominated or would like to become a supervisor of midwives may contact the LSAMO directly for information. The applicants then go through the selection process as set out in the LSAMO Forum UK guidance.

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

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

University of West of Scotland

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

Programme leader – Maria Pollard

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

7.6 Challenges

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

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

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

7.7 Ongoing Education for Supervisors of Midwives

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

This year the sessions were as follows:-

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

Conference fliers can be found in the appendices (Appendix 5).

8. Details of any new policies related to the supervision of midwifery practice

8.1 Guidance for supervisors of midwives

To support supervisors of midwives in their role in supervising midwives practice national guidance has been produced by the LSAMO Forum UK. This National Guidance gives a framework for supervisors of midwives to undertake a consistent approach across the UK in supervising midwives practice. This consistent approach to statutory supervision of midwifery practice contributes to

promoting the safety of maternity services through the protection of the public. The supervisors of midwives in the West of Scotland formally adopted the LSAMO Forum UK guidance on February 1st 2009. This guidance can be accessed on www.midwife.org.uk and also www.midwiferysupervision-woslsa.scot.nhs.uk. Each supervisor of midwives has also been issued with a file of the National Guidance.

8.2 West of Scotland Guidance

The LSAMO has also established a guidance group for supervisors of midwives to develop local guidance for supervisors of midwives in the West of Scotland which is being adapted for use for from the North West of England with permission from the LSAMO there. Supervisors of midwives in Ayrshire and Arran are represented on this group. These are under review at present. When the first guidelines have been ratified they will be able to be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk.

Supervisors of midwives in NHS Ayrshire and Arran also contribute to developing local guidelines for midwifery practice that are used within their service.

8.3 Reflection

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

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

9.1 Public Health Issues

NHS Ayrshire and Arran covers a wide geographical area covering rural areas and densely populated towns. There are high levels of deprivation in the area and high levels of addiction. There are also reports of some immigrants from Eastern Europe in the communities which bring challenges such as late booking for maternity services, poor health status and language difficulties. All these issues pose risk to women and their children.

9.2 NHS Ayrshire and Arran have a number of specialist roles. These midwives work closely with staff and contribute to developing the service to meet the needs of these vulnerable groups.

9.3 An Infant Feeding Advisor has also been established in the area. This role is aimed at having a positive impact on practice and also to contribute to increasing breastfeeding rates.

9.4 Clinical Activity

NHS Ayrshire and Arran covers a population of approximately 367,140 and on average there are 3773 births per annum. There were only slight variations in the number of births since the previous year therefore there was no significant impact to the service. Staffing levels remain consistent in the area. The midwives undertake water births and a small number of home births. There is a midwife led unit within the maternity unit and midwives promote midwife led care. 57% of women were booked under the care of a midwife in the reporting year. An overview of birth trends and clinical outcomes can be found in the appendices (Appendix 6).

9.5 NHS Ayrshire and Arran monitors future birth trends on a regular basis. They also undertake work force planning by looking at skill mix and the age profile of midwifery staff.

9.6 The RCM recommends a midwife to birth ratio of 1:28 in maternity services. The midwife to birth ratio in Ayrshire and Arran is 1: 26.

9.7 Methods of Data Collection

Data is collated within the maternity department. This year an electronic maternity system has been implemented called eCclipse. It is anticipated that this system will provide more robust data.

The maternity unit has participated in the national Nursing and Midwifery Workload and Workforce planning project and have undertaken Birth-rate Plus and a Professional Judgement Workforce planning tool. This work has led to the establishment of a short life working group in Scotland to develop a tool to assist in determining staffing requirements for women with complex needs and for the remote and rural areas unique to Scotland. This work will be used in conjunction with findings from Birth rate plus analysis.

9.8 Serious Incident Escalation Policy

Incidents are reported via the Clinical Risk reporting system Datix. These incidents are reviewed by the Clinical Risk Management Group with recommendations and actions undertaken. A Serious Untoward Incident Policy has been implemented within NHS Ayrshire and Arran in the past year.

There is West of Scotland guidance for supervisors of midwives on reporting and investigating serious untoward incidents. It is the role of the supervisor of midwives to advise the LSAMO if there has been a serious untoward incident. Within the unit serious incidents are reported to the risk manager and then reviewed by the clinical risk management team. A supervisor of midwives sits on this forum and would feed back any concerns to the local supervisors of midwives forum.

9.9 Unit Closures

There have been no unit closures within NHS Ayrshire and Arran in the reporting year. The Ayrshire Maternity Unit has never had to close and is the

only maternity unit in the area. If problems are identified with capacity or staffing levels in times of peak activity, the workload is assessed by the management team and contingency arrangements made such as delaying non essential admissions for induction of labour or ensuring that women who are fit to be discharged home are reviewed timeously.

9.10 Keeping Childbirth Dynamic and Natural

There has been much developmental work undertaken to keep childbirth natural and dynamic throughout Scotland. All areas have appointed Consultant Midwife posts to support this project at local levels. A consultant midwife has been appointed in NHS Ayrshire and Arran. A key aspect of her post is to support midwives in maximising normal birth and promoting the role of the midwife as a lead professional.

9.11 Collaborative working with other organisations that have a safety remit.

Ayrshire and Arran has representation on the NHS Scotland Clinical Governance and Risk Management Network which facilitates and enables sharing of experiences, lessons, challenges and solutions. This organisation aims to create a network of experts committed to sharing knowledge across organisational boundaries. This group comes under the auspices of Quality Improvement Scotland (QIS)

Ayrshire Maternity Unit contributes to the Scottish Confidential Audit of Severe Maternal Morbidity (SCASSM) by reporting events that are requested by the SCASSM trigger list. This information is collated and fed back to units.

Ayrshire and Arran also participates in the national audits co-ordinated by UKOSS (United Kingdom Obstetric Surveillance System).

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

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

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

11. Reports on all local supervisory investigations undertaken during the year

11.1 The LSAs in the West of Scotland have guidance in place for supervisors of midwives on the reporting and monitoring of serious untoward incidents. Each supervisor of midwives has a copy of this guidance. The guidance acts as a reference for supervisors and includes a section to give a guide on what incidents or issues involving midwifery practice should be referred to the LSA. These include the following examples:-

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

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

11.3 It is essential that the team of supervisors be notified of all serious untoward incidents that involve midwifery practice. This means that there should be a link between the supervisors of midwives and the risk management structures within the NHS Board. In NHS Ayrshire and Arran a supervisor of midwives sits on the clinical risk management forum.

11.4 A supervisor of midwives should undertake an investigation where circumstances suggest that there may have been poor midwifery practice. This function cannot be delegated to anyone else. The LSAMO is always available to provide advice and support to the supervisors of midwives.

11.5 In addition to the above, guidance there is LSAMO Forum UK National guideline and is called 'Investigation into a midwife's fitness to practise'. It gives clear guidance on how to conduct a supervisory investigation, a template for documenting the investigation and a checklist of considerations whilst undertaking a supervisory investigation.

The LSAMO holds workshops for supervisors of midwives on how to conduct a supervisory investigation.

11.6 *Investigations*

There was one investigation undertaken within the year by supervisors of midwives from the LSA. The investigation involved a medication error and a midwife was placed on a period of developmental support. A serious incident review also took place and the supervisor of midwives on this review produced a report that recommended that four midwives undertook a formal reflection with a supervisor of midwives. The panel of the serious incident review made a series of recommendations for the organisation.

- 11.7** The LSAMO is maintaining a database on trends and themes identified in supervisory investigations across the four local supervising authorities. As supervisors of midwives undertake supervisory investigations so trends and themes are becoming evident, these are now being shared with supervisors of midwives across the region. This will enable supervisors of midwives to establish strategies to ensure learning takes place within the work place to help prevent repeated incidents.
- 11.8** The supervisors of midwives strive to ensure lessons are learnt in the work place. Plans are in place to ensure that risks identified in the clinical risk management forums are discussed in the supervisor of midwives forum and strategies developed to prevent similar occurrences in practice.
- 11.9** There have been no concerns identified in relation to the competence of newly qualified midwives or in their place of training during this reporting year.
- 11.10** The NMC is contacted for advice on midwifery practice on individual cases as they arise. This could be by telephone, by email, face to face contact or by letter.

11.11 *Maternal Deaths*

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

Supervisors of midwives notify the LSA MO if there has been a maternal death and also advise the LSAMO if there have been any midwifery practise issues. During this period there have been no reported maternal deaths in Ayrshire and Arran.

12.0 *Conclusion*

This report has demonstrated the steady progress made in NHS Ayrshire and Arran during this reporting year.

Supervisors of Midwives demonstrate commitment to achieving the standards of practice in relation to statutory supervision of midwifery practice and in raising the profile of statutory supervision of midwifery practice within the service. The supervisors support the LSAMO in embedding a strategic and consistent approach for supervision of midwifery practice across the West of Scotland. This contributes to ensuring a safe service for women and their families and also the provision of safe learning environments student midwives.

12.1 *LSA Priorities for 2009-2010*

- Continue to monitor and reduce risks as set out in the NMC risk register
- Ensure standards of supervision are met and where they are not develop action plans

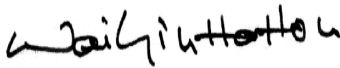
- Undertake an annual audit of record keeping
- Support leadership development of supervisor of midwives
- Continue to raise the profile of supervision amongst midwives
- Engage with service users
- Develop new guidance for supervisors of midwives as required to support them in their role
- Ensure midwives meet with supervisors of midwives on an annual basis.
- Continue to ensure the safety of the public receiving maternity care through the monitoring of serious untoward incidents.

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

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

Wai Yin Hatton
Chief Executive NHS Ayrshire and Arran

Joy Payne
Local Supervising Authority Midwifery Officer




Signed _____

Signed _____




Appendices

<i>Appendix 1</i>	<i>NMC Risk Score Register</i>
<i>Appendix 2</i>	<i>WoS Risk Score 2007-8</i>
<i>Appendix 3</i>	<i>WoS Action Plan</i>
<i>Appendix 4</i>	<i>Training Day Service Users</i>
<i>Appendix 5</i>	<i>Programme WoS SOM Conference Programme Conducting SOM Investigation.</i>
<i>Appendix 6</i>	<i>Statistics</i>

NMC Framework Risk Register Key

Consequence/Severity of Impact

Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely - 2	2	4	6	8	10
Remote - 1	1	2	3	4	5

RISK  Low  Moderate  High

1-8 9-15 16-25

Rating consequences and impact

Catastrophic	Critical impact on protection of the public e.g. significant contributor to higher than anticipated unexplained deaths of mothers or infants or, serious injury of mother or baby requiring life-long support. Very difficult and long term to recover.
Major	Major impact on protection of the public or function of the LSA. E.g events which risk public or professional confidence in the respective maternity services or respective LSA/SHA, non-compliance with action plans from various investigating authorities. Medium to long term effect.
Moderate	Significant impact on protection of the public, function of the LSA. E.g. events where co-partners such as Education Providers identify issues in the learning environments for student, where the LSA Framework is unattainable due to closure of education routes for Preparation of SoM Programme. Medium term effect.
Minor	Minor impact, loss, delay, inconvenience e.g. non-compliance with NMC Standard or Guidance. I.e. when appointing an LSAMO, failure to submit an ITP etc, lack of data or evidence to support Investigations or Reports issued by the LSA. Short to medium term effect.
Insignificant	Risk identified with clear mitigation from LSA including management through internal risk framework, clear plans action plans and lines of reportage, etc. Little or no effect.

Rating the likelihood

Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlikely	Could occur at some time
Remote	May occur only in exceptional circumstances

NMC Framework Risk Register

Ref	Summary of information	Source	Risk	Likelihood	Impact	Risk score
Chief Executive sign off and quality of report						
1	Chief Executive did not sign annual report and no indication that it had been viewed by him/her.	LSA Annual Report	Lack of sign off may mean non-engagement with supervisory function at SHA/board level.	2	8	16 RED
2	Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
3	Inconsistent description of supervision framework described and NMC not assured that an effective and consistent supervisory framework is in place.		Effective and consistent supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
Numbers of Supervisors of Midwives, appointments, resignations and removals						
4	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
5	SoM / MW ratio not stated.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors	4	4	16 RED

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

6	Description of how midwives are provided with continuous access to a SoM not described or variable across LSA and NMC not assured that an effective supervisory framework is in place. E.g. some areas within an LSA may use a 24/7 hour rota and some may use a contact list.	LSA Annual Report	That in an emergency midwives may not have clarity about how to contact a Supervisor of Midwives thereby delaying a decision that may have an influence on the outcome for a mother and baby.	3	4	12 AMBER
7	No evidence that ' <i>continuous access to a SoM</i> ' process is audited so lack of assurance that process is working effectively.	LSA Annual Report	Process may not be working effectively which may have impact during emergency situations (see above).	3	4	12 AMBER

Details of how the practice of midwives is supervised

8	LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public	4	3	12 AMBER
9	No description of ITP process.	LSA Annual Report	Lack of supervisory framework in place and inability to delivery function of supervision.	4	4	16 RED
10	LSA Audit Process stated as not undertaken.	LSA Annual Report	No mechanism in place to assure LSA that supervision is functioning and therefore NMC not assured that effective supervisory framework in place.	5	4	20 RED

Evidence that service users are assisting the LSAMO with the annual audits						
11	Public User Involvement in supervision audits not described.	LSA Annual Report	Lack of user input into development of supervisory framework. Risk in meeting rules and standards.	4	3	12 AMBER
12	Public User Involvement in supervision could be enhanced.	LSA Annual Report	Minimal user input into development of supervisory framework.	2	2	4 GREEN
Evidence of engagement with higher education institutions in relation to supervisory input in to student midwifery education						
13	No evidence of engagement with higher education institutions.	LSA Annual Report	Risk in meeting rules and standards.	4	4	16 RED
14	Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio.	LSA Annual Report QA Framework	Supervisory framework is not pro-active in improving learning environment for student midwives and/or students learning in an inappropriate clinical environment.	4	4	16 RED
Details of any new policies related to the supervision of midwives						
15	No detail of any new policies.	LSA Annual Report	Lack of pro-activity of LSA in supporting supervisors of midwives with policy development.	4	4	16 RED
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						

16	Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.	LSA Annual Report	Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	4	4	16 RED
17	Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery students	3	5	15 AMBER
18	Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER

Details of number of complaints regarding the discharge the Supervisory Function

19	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	3	5	15 AMBER
20	Evidence of up held complaints against the LSA.	LSA Annual Report	That the LSA has been deemed to be in effective in its function to women or midwife (dependent on complaint). There may have been a compromises to protecting the public e.g. due to bullying, harassment or discrimination.	4	4	16 RED
Reports on all local supervising authority investigations undertaken during the year						
21	High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers.	LSA Annual Report	Rules and Standards in relation to investigation leading to supervised practice not being interpreted appropriately/effectively. Risk that midwives being placed on a programme of supervised practice inappropriately.	3	4	12 AMBER
General concerns identified in the NMC framework for reviewing LSAs						

22	Inadequate supervisory framework in place to meet the Midwives Rules and Standards across the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
23	Where a midwife is reported to the NMC for clinical concerns without reference to the supervisory framework.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
24	Where the clinical environment is unsafe for midwife student learning or mentorship is ineffective and not supporting student midwives.	NMC framework for reviewing LSAs	Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER
25	Concerns regarding the function and performance of supervision within the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
26	Poor compliance with recommendations from any investigations reports from either the LSA or other bodies such as the Healthcare Commission.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
27	Concerns of conduct which relate to, for example, bullying, harassment or abuse of power from within the LSA or supervisory framework which may impact upon the function of supervision.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER

West of Scotland LSA risk profile 2007-08

LSA Profile

LSA	West of Scotland Host LSA - Ayrshire and Arran	Chief Executive	Dr Wai – Yin Hatton
LSAMO	Joy Payne	Contact details of LSAMO	Joy.Payne@aaaht.scot.nhs.uk

Numbers of Supervisors of Midwives, appointments, resignations and removals

28	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
----	---	--------------------------	--	----------	----------	---------------------

Score: 12

Date of assessment meeting		Recommendations following assesment meeting	<input type="checkbox"/> To monitor <input type="checkbox"/> To undertake review
Reasons for review to be undertaken		Date for proposed review	

Review complete		Report of review published on NMC website	
Action plan received from NMC		Action plan implementation date	
Follow on actions			

Comments

--

**West of Scotland Supervisors of Midwives Action Plan
2009-**

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
1. Demonstrate the role of statutory supervision of midwives interface within the clinical governance frameworks in each LSA	<p>Ensure links with clinical governance networks within the LSA'S</p> <p>Ensure untoward incidents are reported to the LSA and that there is a mechanism in place to guide SOMS in reporting</p>	<p>JP All SOMS</p> <p>All SOMS</p>	Staff time	<p>July 2008 SOMS on clinical risk management committees</p> <p>West of Scotland guidance for reporting serious untoward incidents published and circulated for effect 1/4/08</p>	<p>December 2008</p> <p>Process in place and investigations are being reported. Need to firm up process to trigger SOM investigation When required</p>	<p>SOMS continue to be represented on clinical risk management committees</p> <p>Untoward incidents are reported to LSA by SOMS . LSAMO is collating a spreadsheet of any incidents reported to LSA to ensure themes shared</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	<p>incidents that may impact on women to the LSA</p> <p>Provide Advice and support to SOMS in the investigation of practice concerns and or where sub optimal practice is alleged , irrespective of the clinical outcome</p>	JP	Staff time		LSAMO available to provide advice and support	<p>to prevent similar occurrences</p> <p>Action Review trigger list & look at the effectiveness of the process in the WoS by Dec 2009 and link in with any outcomes from NMC road shows and LSAMO Forum UK work stream on investigations</p> <p>LSAMO available to provide advice and support as requested and during all investigations</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
<p>2.Raise the profile of statutory supervision of midwives, the role of the supervisor of midwives, the role of the LSAMO and the LSA</p>	<p>Encourage networking across the LSA'S and the sharing of good practice through facilitating sessions for all SOMS and also through the WOS Link SOM'S Forum Implement road shows for midwives outlining the role of the SOM, the LSAMO and the midwife</p> <p>Create opportunities for</p>	<p>JP All SOMS</p> <p>All SOMS</p>		<p>Workshops to be rolled out in LSAs where required profiling the role of the SOM</p> <p>Midwives to be given opportunities to</p>	<p>LSA audits identifying verbally that SOMS seen as distinct group. Workshops to be held in and Ayrshire PRM in new year</p> <p>Invitation continues for shadowing opportunities. To be implemented at local levels</p>	<p>Workshops undertaken in PRM in March 2009 to promote role of supervisor. Needs further workshops following service redesign that is currently in place as still difficulty in recruiting in this unit.</p> <p>Profile in Ayrshire has been raised with more midwives showing interest in coming forward to become supervisors as 5 individuals will commence September 2009</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	<p>midwives to shadow SOMS to have exposure to the role and contribute to succession planning</p> <p>SOMS to sit on relevant committees to represent views via the perspective of statutory supervision of midwifery practice</p> <p>Establish a website for the public to give information on supervision of</p>	<p>All SOMS</p> <p>JP Link SOMS</p>		<p>shadow SOMS when undertaking role</p> <p>SOMS to be represented on</p> <ul style="list-style-type: none"> • Clinical governance committees • Risk management forums • MLSC • Maternity Framework group • Educational curriculum planning committees <p>Establish a web site</p>	<p>SOMS continue to be represented on forums</p> <p>In draft format reviewed in December WOS</p>	<p>programme.</p> <p>Circulate minutes/notes of SoM meetings to all midwives in each LSA.</p> <p>SOMS represented on all committees in each LSA.</p> <p>Invitation continues for shadowing opportunities. Student SOMS to shadow somS in WOS meeting and encourage staff locally to shadow somS</p> <p>Still in draft format to be finalised in July 2009 has been</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	midwifery practice				link meeting	reviewed by WOS SOMS	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
3. Demonstrate the evidence, audit trail, and trend analysis of the standards of statutory supervision and midwifery practice	Undertake an annual audit of supervision of midwifery practice to demonstrate that the standards for supervision of midwifery practice are met across the region Gather evidence within each LSA to demonstrate compliance with the standards to assess and assure quality within each LSA	JP Link SOMS SOMS		LSA Audit process established and implemented 2007-2008 For annual audit across LSAs	LSA audits in process for this year	Audits established for 2009-2010 LSA audit reports available in each LSA for 2008-2009 Each LSA local forums responsible for undertaking any individual actions as required	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
4. Increase user involvement in the work of the LSA and the LSAMO	<p>Establish a network for user involvement in supervision across the region</p> <p>Enlist the support of users in undertaking an annual audit of the LSA</p> <p>Provide training sessions for users</p>	JP All SOMS	Travelling expenses and child care expenses for users	Work with NHS Boards and birth groups to recruit users in development of strategies for supervision and also To take part in LSA audits	Users taking part in LSA audit. In liaison with Patient public participation officer in GGC to assess if user participation in audit can be developed such as audit team visiting local groups throughout year. For review following completion of this years audit process.	<p>Explore existing mechanisms for funding user expenses</p> <p>Link SOMS to recruit users in own areas for audit visits. JP will repeat training day for users</p> <p>Look at the use of postal survey to gain women's views</p> <p>LSAMO to provide training sessions dates to be arranged for August/ September 2009</p>	
5. Promote active recruitment and preparation of new SOMS, to ensure standard minimum ratios are maintained,	Implement road shows in areas where there is difficulty in recruiting midwives to	JP Link SOM Forum All SOMS HEIs		<p>Rollout road shows workshops In LSA</p> <p>Give Midwives opportunities to shadow SOMS in</p>	For recruitment in January/ February for September intake for prep course	18 midwives interviewed in May 2009 and 12 undertaking Sept 2009 course Results pending	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
ensuring succession planning	<p>become a SOM.</p> <p>Create shadowing opportunities</p> <p>Encourage midwives to nominate midwives they feel will be good SOMS</p> <p>Ensure adequate support systems in place for student SOMS and newly appointed SOMS</p>			<p>meetings</p> <p>Guidance in place of buddying system to support student SOMS</p>	<p>Student SOMS encouraged to take part in LSA audits and all supervisory activities</p> <p>All student SOMS have mentor</p> <p>Newly appointed SOMS will have a mentor</p>	<p>from Sept 2008 programme – to be appointed Sept 2009</p> <p>To undertake active recruitment in GGC next Feb</p> <p>All areas to maintain own lists of mentors. Template for maintaining register circulated to all areas June 2009 by JP</p>	
6. Provide opportunities for SOMS to expand their knowledge of the	Ensure SOMS actively contribute to and access up	JP Link SOMS		<p>Links established between SOMS and LSAMO.</p> <p>Good links between SOMS and HEIs</p>	<p>Annual conference arranged for February and March 2009</p>	<p>Annual conference taken place on February 11th and March 11th</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
statutory processes and understanding of the role of LSAMO	<p>to date information whilst undertaking their role</p> <p>Ensure SOMS can access information from the NMC</p> <p>Provide an annual conference to ensure networking and the sharing of best practice across the LSA'S Provide support to SOMS as required</p> <p>Develop</p>	JP Link SOMS HEIs	Staff time for training Conference fees	Conference for SOMS to be held annually	<p>Information circulated as received</p> <p>Annual conference arranged this conference will be on developing leadership skills as a SOM</p>	<p>2009 on Leadership and the role of the supervisor</p> <p>Supervisory workshops taken place –for SOMS on conducting supervisory investigations September 2008 and April 2009 more workshops planned for September 2009 and November 2009</p> <p>Information circulated as received</p> <p>Scottish Conference planned for</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
perspective of statutory supervision of midwifery practice including the requirement of the supervisory review	the role of the SOM and the registrant				year. LSA audits demonstrating so far that midwives becoming more aware of their responsibilities as registrants in focus groups. LSA audits are contributing to raising the profile of the SOMS	demonstrated an increased awareness in their role & responsibilities as registrants and that of the supervisor. Soms have raised the profile over the last year. Midwives are attending for annual review in areas there were difficulties	
8. Ensure SOMS have adequate time to undertake the function of the role	SOMS to have the equivalent of a day a month to fulfil their role SOMS to monitor time undertaken on supervisory	All SOMS Line managers	As per staffing	SOMS to have equivalent of 7.5 hours per month to undertake role Monitor time spent in undertaking role and work on difficulties	SOMS monitor time some report having difficulty taking time. Managers are facilitating time	SOMS monitor time - some report having difficulty taking enough time. Managers are facilitating time. SOMS should report difficulties to line managers	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
	function and to identify any problems in obtaining time					Utilisation of SOMs time to be included in annual audit questionnaire in LSA Audit 2009-2010	
9. Each SOM to audit case records	All SOMS to audit case records and share relevant findings in practice to improve the quality of record keeping	All SOMs		All SOMs to undertake audits of records	To establish record-keeping audit across each LSA. Process in place in GGC and Lanarkshire. Lanarkshire also conduct documentation workshops	Each area reported ongoing audits taking place. These will all be reviewed in LSA Audit 2009-2010	
New actions identified from NMC (2009) Supervision , support and safety on June 11TH 2009						June 2009	
10. Ensure a robust	Develop a	WoS				JAdverts	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
recruitment strategy is in place to ensure there is a ratio of 1:15 in each LSA	recruitment strategy	guideline group				<p>circulated for interviews in February of this year and interviews took place in may 2009. this will take place annually. Workshops are held in areas where there is difficulty recruiting this has included over the past year Dumfries and Galloway. Princess Royal Maternity unit Greater Glasgow and Clyde and in Ayrshire last year by local SOMS</p>	
11. Audit response times from SOMs to midwives to requests	Develop guideline and audit tool	WoS guideline group				This will be audited in the years LSA audit 2009-2010. In	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
for advice						last years audit no problems highlighted by midwives in accessing a SOM .	
<p>12. Demonstrate actions taken and evidence of progress in response to risks communicated from NMC.</p> <ul style="list-style-type: none"> • Risk in WOS ratio Som/mw above 1:15 in AA GGC DG • Some trends identified as risk i.e. poor communication 	<p>Ensure ongoing annual recruitment Cross reference recommendation 5 Ensure action plan in place & implementation</p>	<p>All</p> <p>All areas</p>		Ongoing		Recruitment taken place throughout the WOS, 11 som's due to be appointed by August b2009 and further 12 student SOMS to commence preparation programme in September 2009	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
13.Feedback concerns to HEI if any concerns in learning environment for student midwives	Ensure focus groups in each LSA audit with Student Midwives	LSAMO		Ongoing		<p>Focus groups held with student midwives in 2008-2009 LSA audits and to be repeated in 2009-2010. LSAMO would feed back any concerns to HEI.</p> <p>LSAMO is going to link with NHS NES PEF to deveop some work around this and also Jean ranksin will feed back minutes of any relevant</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
						meetings to LSAMO on student placements	
14. Concerns about newly registered midwives should be reported	Any concerns with fitness to practice for all registered midwives should be investigated as per guideline L	All		Ongoing		Mechanism in place to report concerns.	
15. Each LSA/ Region should work collaboratively with organisations that have a safety remit such as SPSA	LSAMO to establish a link	LSAMO		Dec 2009		JP to establish link with SPSA and link into WOS meetings	
16. Each LSA should develop action plans in response to trends impacting adversely on <ul style="list-style-type: none"> Safety of women and babies using 	Develop action plan to meet local needs as required	All		Ongoing		Action plans to be developed by all links in individual units	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
maternity services <ul style="list-style-type: none"> • Ability of midwives to provide safe quality care in the antenatal, intrapartum and postnatal period • Ability of midwives to mentor student midwives to ensure competent applicants to the register 							
17. LSAs should move to an electronic method of storing supervision related data that uses a standard dataset agreed by LSAMO	LSAMO to submit a bid to each NHS Board for funding	LSAMO		July 2009		Bid made to each LSA to share costs of LSA data base	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	Six Monthly Update December 2009
UK Forum							
18. LSAs should explore working with organisations that have a safety remit, such as the SPSA in order to address the concerns raised in relation to poor practice	Collaboration initiated & maintained Cross reference recommendation 15	LSAMO & all SOMs		Ongoing		LSMAO to establish link with SPSA	

Joy Payne
LSAMO
West of Scotland



SERVICE USER LSA AUDIT WORKSHOP

1- 3pm

**VENUE Queen Mothers Hospital
Parent Craft Room**

LUNCH PROVIDED

Facilitator Joy Payne LSAMO West of Scotland

- | | |
|----------------|--|
| 1.00 pm | Welcome and Introductions |
| 1.15pm | Overview of Statutory Supervision |
| 1.45 pm | Reason for LSA audit visits |
| 2.15 | Proposed time table |
| 2.20 | LSA audit standards |
| 2.30 | Feedback from 2007-2008 LSA audits |
| 2.45 | Group discussion on themes for this year's audit
Ground rules and any questions |



**West of Scotland
Supervisors of Midwives Workshop
Conducting a Supervisory Investigation**

**PROGRAMME
12th September 2008
Venue Beardmore Hotel & Conference Centre
Clydebank
Glasgow**

Facilitated by Joy Kirby LSAMO EoE

Joy Payne LSAMO WoS

09.00- 09.15 Coffee and Registration

0915 -10.30 Introduction and Conducting a Supervisory Investigation

10.30-10.45 Tea Break

10.45-12.30 Fact Finding

12.30-13.15 Lunch

13.30 -15.00 Investigation Interviews

15.00-15.15 Tea break

15.15-17.00 Coming to Conclusions & Making Recommendations



West of Scotland Supervisors of Midwives Conference 2009

February 11th and March 11th

Supervision in Action Midwifery Leadership –Making it happen

Facilitator Liz O'Neill

Welcome and Introductions

Understanding Leadership in a Supervisory Role

Challenges and skills

Influencing and Using Power

Leading Change

Coaching for Development

Communication

Dealing with Conflict

Taking Stock

Planning and Prioritising

STATISTICS FOR AYRSHIRE & ARRAN
1 April 2008 – 31 March 2009

Ayrshire and Arran

Appendix 6	
CLINICAL ACTIVITY	
Total women delivered	3773
Total delivered in the hospital	3757
Total number of babies born	3827
Number of hospital births in water	112 – hospital 3 - home
Deliveries in community maternity units Stand alone	7
Within main unit	1
Total number of women booked under midwife-led care (Taken as a % of deliveries)	57% at booking 70% of all labour admissions
Total number of women transferred to consultant care	Incomplete data antenatally 30% intrapartum transfer from midwifery unit to obstetric unit
Are you able to monitor reasons for transfer?	Delay in 1 st stage – 20.7% Epidural request – 46.6% Meconium – 9.5% Fetal Heart irregularity – 4.2% Miscellaneous – 7% Delay in 2 nd stage – 12%
HOME BIRTHS	
Number of intentional home births attended by a midwife	16
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew	26
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	0
Total deliveries in the home	22

Number of homes births in water	3
PUBLIC HEALTH DATA	
Number of women initiating breastfeeding	55%
Number of women breastfeeding on discharge to Health Visitor (% of total women birthed)	29% Error suspected in data collection as Guthrie test identifies 41.2% breastfeeding. Data collection should improve with implementation of eclipse system
Number of women smokers at time of: booking	893 Incomplete data
Delivery	653 Incomplete data
Number of babies born to women under 18 years old (at time of delivery)	unknown
MATERNITY OUTCOMES DATA	
Number of babies born alive	3810
Number of stillbirths	17
Number of early neonatal deaths (i.e. at 6 days and under)	6
Number of late neonatal deaths (i.e. 7 – 28 days)	7
INTERVENTIONS	
Planned inductions	855

Accelerated labours (including ARM and Syntocinon, or both)	1977
Episiotomies	598
Epidurals with vaginal births	916
Epidurals/spinals with caesarean sections	982
Planned caesarean sections	662
Emergency caesarean sections	391
Total caesarean sections	1053 (27.9%)
Forceps deliveries	386
Ventouse deliveries	61
Vaginal breech deliveries	7
FACILITIES	
Type of unit (consultant/midwife/GP)	Consultant CMU
Total number of maternity beds (including delivery beds)	65 (14 delivery beds) 1 CMU bed
Number of obstetric theatres	2
Staffed by midwifery staff (other than receiving baby)	50%
Staff by theatre staff	50% 6.4% WTE nurses + 1 ODP
High dependency beds	2
Early pregnancy unit	yes

Fetal medicine unit	0
Antenatal day assessment unit	yes
Birth pool	1 permanent 1 disposable
Bereavement/quiet room	1
Partners accommodation on AN ward	0
Family kitchens	Most kitchens can be used by women
Security system: Controlled door entry	Yes
Baby tagging	No
Pressure mattresses	No. Can be obtained if clinically indicated.
Midwife-led beds	1 in CMU 7 in midwifery unit for intrapartum/ postnatal care
Intrapartum GP care	0
Transitional care cots	Pending
Neurophysiological examination of the newborn	2
Ultrasound scans	1
Amniocentesis	0
Induction of labour by prostaglandin	0
by syntocinon	Labour ward co-ordinators
Ventouse deliveries	4 Assisted birth practitioners in training
Forceps deliveries	4 Assisted birth practitioners in training
Six week postnatal examination	0
Cervical smears	0
Specialised counselling	1 Fetal Services Midwife
External cephalic version	0



**Local Supervising Authority
Dumfries and Galloway
1 APRIL 2008- 31 MARCH 2009**

**Prepared by Joy Payne
LSA Midwifery Officer
West of Scotland**

July 2009

Content

Section	Needs page numbers in document	Page
	Executive summary	
1	Introduction	4
2	Each local supervising authority will ensure their report is made available to the public	6
3	Numbers of supervisor of midwives appointments, resignations and removals	6
4	Details of how midwives are provided with continuous access to a supervisor of midwives	8
5	Details of how the practice of midwives is supervised	9
6	Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	14
7	Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	14
8	Details of any new policies related to the supervision of midwives	17
9	Evidence of developing trends affecting midwifery practice in the local supervising authority	18
10	Details of the number of complaints regarding the discharge of the supervisory function	19
11	Reports on all local supervising authority investigations undertaken during the year	19
12	Conclusion	21
	References	
	Appendices	

Local Supervising Authority Dumfries and Galloway

Executive Summary

The Local Supervising Authority (LSA) is responsible for ensuring that the statutory supervision of all midwives and midwifery practice as set out in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council Midwives rules and standards (NMC 2004) is carried out to a satisfactory standard for all midwives working within its geographical boundaries. Formatted: Right: -68.1 pt

This report follows the guidance set out by the Nursing and Midwifery Council Guidance for LSA Annual report submission to the NMC for the practice year 1 April 2008-31 March 2009.

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

There are 54 standards contained within the midwives rules and the role of the Local Supervising Authority Midwifery Officer (LSAMO) is to ensure the standards are met. A self assessment tool is undertaken within the LSA on an annual basis and any actions required are incorporated into an action plan, which the supervisors of midwives review on a regular basis.

Each midwife is required to have a supervisor of midwives and supervisors of midwives are appointed to the LSA. As set out in the NMC midwives rules and standards (2004) the LSAMO plays a pivotal role in clinical governance by ensuring the standard of supervision of midwifery practice meets that required by the NMC.

This report provides details on how the statutory requirements are being met in NHS Dumfries and Galloway and where challenges or risks to the function of statutory supervision of midwifery have been identified. It also describes what actions are being taken to ensure that there is a safe standard of care for the public.

Local Supervising Authority Dumfries and Galloway

1. Introduction

This report covers the reporting year 1 April 2008-31 March 2009. It has been produced to meet the requirements of Rule 16 within the NMC Midwives rules and standards(2004) in the Local Supervising Authority of Dumfries and Galloway. Articles 42 and 43 of the Nursing & Midwifery Order 2001 require that the practice of midwives be supervised. The purpose of statutory supervision of midwives is to protect the public and to support and promote good midwifery practice. The LSA is responsible for ensuring that statutory supervision of midwifery practice is exercised to a satisfactory standard and this is delegated to the LSAMO.

The Local Supervising Authority sits within the NHS Board Dumfries and Galloway. The Chief Executive and LSAMO details are as follows:-

Local Supervising Authority	Contact Details
LSAMO West of Scotland Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock KA2 0BB Telephone 01563 825757 Email joy.payne@aaaht.scot.nhs.uk
Chief Executive NHS Dumfries and Galloway	John Burns NHS Dumfries and Galloway Crichton House Bank End Rd Dumfries DG1 2SD Telephone 01387 272734 Email john.burns3@nhs.net

1.1 Standards

In the NMC Midwives rules and standards(2004) there are 54 Standards to be met by LSAs and supervisors of midwives. A self assessment of the 54 standards is undertaken annually. Where standards are not met or only partially met action plans are developed in conjunction with supervisors of midwives to achieve the standard.

1.2 This is the third report since the inception of a fulltime LSAMO in the West of Scotland. There are four LSAs in the West of Scotland. Each Chief Executive in the West of Scotland requires an annual report to enable them to have assurances that there is a robust framework of statutory supervision of midwifery practice within its geographical boundaries. Therefore this report aims to demonstrate how the standards are being met within the LSA of NHS Dumfries and Galloway.

1.3 Over the past three years the LSAMO has made steady progress alongside the supervisors of midwives and Head of Midwifery in establishing a strategic direction for supervisors of midwives in the area. This includes the establishment of a West of Scotland Link Supervisors of Midwives (WoSLSM) Forum, a process for auditing LSAs throughout the region and a system to notify serious untoward incidents to the LSA.

Supervisors of midwives are undertaking investigations when there has been a serious incident to address practice issues and identify system failures.. Guidelines and policies have been reviewed and this year the LSAMO Forum UK Guidance has been adopted across the West of Scotland to ensure the standard of supervision of midwifery practice is consistent with all other areas in the UK. A website has also been established across the region in July 2009. This can be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk . Networks are now firmly established throughout the region and there is evidence of progress in achieving the targets set out in previous LSA annual reports submitted to the NMC.

1.4 NMC Risk Register

When the annual report is submitted to the NMC a risk scoring framework is used (Appendix 1) to assess non compliance with the 54 NMC standards for LSAs. This risk score is applied collectively by the NMC across the four LSAs in the West of Scotland. In the practice year 2007-2008 a risk score of 129 was applied to the West of Scotland.

Supervisors of midwives across the area have undertaken work to ensure the risk score has been reduced. Together with the LSAMO they have established a strategic and consistent approach to statutory supervision of midwifery across the region. The LSA has been committed to ensuring there is a robust framework for statutory supervision in place. This work was rewarded as in the year 2008-2009 a risk score of 12 (Appendix 2) was given to the West of Scotland which demonstrates the significant work undertaken by supervisors of midwives to ensure there is a consistent and strategic approach to statutory supervision of midwifery practice.

1.5 The risk identified by the NMC following submission of the annual report for the year 2008-9 is:

- SOM/MW ratio above 1:20 within individual services or across the LSA. In NHS Dumfries and Galloway the ratio was 1:21 which as specified by the NMC risk register places the LSA as high risk. There has been an active recruitment strategy within the LSA and this has been successful. Four new supervisors of midwives have been appointed in July 2009 and one other supervisor of midwives was reappointed. This has reduced the ratio to 1:11. The senior management team are supportive of 1:9 ratio and a further two midwives will undertake the preparation programme In September 2009.

1.6 Challenges identified for NHS Dumfries and Galloway in last years annual report were identified as :

- Continue reducing identified risks by the NMC
- Continue raising the profile of supervision of midwifery practice
- Continue to engage with service users

- Ensure West of Scotland LSAs website is live
- Ensure the framework of supervision of midwifery practice is proactive and supports midwives in their roles
- Continue developing evidence to meet the standards for supervision of midwifery practice

Progress is being steadily made to meet these challenges. Supervisors have been committed to raising the profile of supervision within the NHS Board and student supervisors of midwives have contributed to this with their enthusiasm for embracing the role. The supervisors also strive to promote supervision of midwifery practice amongst service users. This is ongoing work and still continues to be a challenge as demonstrated in this years LSA audit. The West of Scotland web site became live in July 2009. The supervisors of midwives show continued commitment to their role in striving to achieve a proactive framework for supervision and meeting the standards for supervision of midwifery practice. Midwives in the region have been exceptionally supportive to the student supervisor of midwives whilst undertaking the preparation programme.

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

This report will be distributed to

- NMC
- Each Supervisor of Midwives
- The LSA /NHS Board
- Maternity Liaison Service Committee
- Healthcare Governance Committee
- Any member of the public on request
- West of Scotland LSA website
- Lead Midwives for Midwifery Education
- Head of Midwifery
- Director of Nursing

A web site has also been developed for the West of Scotland LSAs and went live in July 2009. The report will be published on the website which is www.midwiferysupervision-woslsa.scot.nhs.uk.

3. Numbers of Supervisor of Midwives Appointments and Referrals

- 3.1** At 31 March 2009 there were 6 supervisors of midwives in the LSA of Dumfries and Galloway. In total 128 midwives submitted an Intention to Practice form (ITP) by the 31 March 2009 which gives a ratio of 1:21 supervisor of midwives to midwives see table 1 below. This is above the NMC (2004) recommended ratio of 1:15. This ratio was identified as a risk by the NMC in previous annual reports. The ratio of supervisor to midwives is deemed as a risk by the NMC and a risk score of 12 was given to the West of Scotland in relation to this risk. An alert letter was issued by the NMC based on this risk factor.

The NMC risk register key has been applied to the ratio of supervisors and midwives on 31 March 2009 this can be seen in table 1. Table 2 depicts the number of supervisors of midwives, appointments, resignations and leave of absence for the year 2006-2007, 2007-2008 and displays the trends over the last two years. Table 3 provides an up to date position as at July 2009..

Table 1 Ratio 2008-2009

LSA	Number of Supervisors of midwives	Number of M/W/S	Appointments	Resignations	Leave of Absence	Ratio Of SOM:MW
Dumfries and Galloway	6	128	0	0	0	1:21

Key to Risk Severity

Risk Green=Low Yellow=Moderate Red=High

Table 1 demonstrates that the ratio of supervisor to midwives in Dumfries and Galloway is 1: 21 and is high risk

Table 2 Trends 2006-2008

LSA	Year	Number of supervisors of midwives	Number of Midwives	Appointments	Resignations	Leave of Absence	Ratio SOM:MW
DG	2007-2008	6	128	0	1	0	1:21
DG	2006-07	7	N/A	0	3	0	1.18

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 2 displays trends over two years which shows an increase in the ratio of supervisor to midwives over the two years

Table 3 Ratio from June 2009 and up to September 2010

Number of Midwives	Number of supervisors as of June 2009	Ratio	Number of supervisors appointed July 2009	Total number of supervisors	Ratio	Number of students to commence September 2009	Projected ratio September 2010
128	7	1:18	4	11	1:11	2	1:9

Comment [H1]: This number here only reflects the new SOMs not the total.

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 3 gives a projection of trends; the ratio is now 1:11 as from July 2009 and projected as being 1:9 by 2010

3.2. Initially there were challenges recruiting supervisors of midwives in this LSA. It was reported in LSA audits that clinically based midwives did not feel experienced or confident enough to take on the role of supervisor of midwives. A low profile was also given to supervision although current supervisors of midwives were committed to the role. The LSAMO, the Head of Midwifery and supervisors of midwives produced an action plan (Appendix 3) and have worked actively over the past two years to raise the profile and value of supervision of midwifery practice. This has proved successful and five midwives commenced the preparation programme last September. Four of these were appointed to the LSA in July 2009. The value and profile of supervision has been raised within the LSA and during the LSA audit in October 2008 it was very evident how supportive the midwives were to the student supervisors. The midwives felt that it was beneficial to have supervisors from within clinical areas as this separated supervision from management and gave clear distinctions to the two roles. In addition, one supervisor of midwives who had previously resigned was reinstated to the role in June of this year.

The Chief Executive wishes to maintain a ratio of 1:9 within the LSA. Regular progress reports on the action plan are submitted to the Healthcare Governance Committee within the NHS Board.

- 3.3** There have been no removals or suspensions from the role of supervisor of midwives.
- 3.4** Supervisors of midwives are appointed in accordance with the LSAMO Forum UK Guidance for the selection and appointment of supervisors of midwives. Midwives either self nominate or are nominated by their peers. They are then interviewed by a panel which includes a peer, a supervisor of midwives, an educationalist and the LSAMO. If they are successful at interview they will then undertake the preparation programme to become a supervisor of midwives. Following successful completion of the course they will then be appointed as a supervisor of midwives to the LSA. When appointed to the LSA all supervisors of midwives are mentored for a minimum of three months.
- 4. *Details of how midwives are provided with continuous access to a supervisor of midwives***
- 4.1** Each midwife in the LSA NHS Dumfries and Galloway has a named supervisor of midwives.. It has not been possible to give all midwives a choice of supervisor but following July 2009 when the new supervisors of midwives are appointed, midwives will be given the option of choosing their supervisor of midwives and case loads will be reallocated.
- 4.2** There is 24 hour access to a supervisor of midwives with an on call rota for supervisors in place. The LSA audit identified that in both sites (Dumfries and Stranraer) all the midwives knew their supervisor and how to contact a supervisor of midwives over a 24 hour period. The supervisors of midwives provided evidence of an on call rota in the audit and this was also verified by staff in focus groups.
- 4.3** It was identified in the LSA audit that midwives generally contacted a supervisor of midwives for advice and support. No issues were identified in the LSA audit to indicate that there was a problem with response times between midwives and supervisors of midwives or women and supervisors of midwives.
- 4.4** A tool to audit the response times from supervisors of midwives to request from midwives has been developed. This will be used in conjunction with a survey and focus groups in the LSA audit of 2009-2010.
- 4.5** It was identified that in the past not all midwives have been meeting with their supervisor of midwives for an annual review. To facilitate the annual review the supervisors have set up a system whereby the midwife has an annual review with the supervisor at the time she is due to reregister. There has been marked progress in Cresswell Maternity Wing in the numbers of midwives meeting with their supervisor of midwives and efforts are also being concentrated now in the Clennoch Community Maternity Unit. Full compliance with the annual

requirement for the annual review will be facilitated with the lower ratio of supervisor to midwife with the new appointments.

4.6 All supervisors of midwives have a lanyard denoting that they are a supervisor of midwives. This helps to ensure they are easily identifiable to midwives and members of the public.

4.7 Student midwives are also allocated a supervisor of midwives. During the LSA audit student midwives could identify with the role of the supervisor of midwives generally. All students reported that if they had a problem in practice they would meet with their personal lecturer in the first instance.

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

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

5.1 *Methods of communication with supervisors of midwives*

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

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

- ***The NMC/LSA Strategic Reference Group***
One of the main functions of this group is to assist in advising the Midwifery Committee on any proposals to make, amend or revoke rules relating to the supervision, practice and education of midwives. The LSAMO is a member of the group and attends any meetings that are held.
- ***The Local Supervising Authority Midwifery Officer Forum UK (LSAMO Forum UK)***
This forum meets every two months and was established to provide all the LSAMOs with support and to ensure that supervision of midwifery practice is developed and delivered in a consistent manner across the UK.

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

- **LSAMO meeting with Heads of Midwifery in West of Scotland**
The LSAMO meets with Heads of Midwifery in the West of Scotland throughout the year to provide updates on the strategic direction of supervision of midwifery practice and to discuss any other local issues.
- **West of Scotland Link Supervisor of Midwives (WoSLSM) Forum**
This is held every three months. Supervisors of midwives from each NHS Board and the University of the West of Scotland (UWS) are represented on this forum. This promotes cohesiveness in the strategic approach and planning of supervision from both a clinical and educational perspective.

The forum considers national strategies and directives from the NMC, Scottish government, or other relevant bodies. Supervisory issues are reviewed and discussed and the forum is used as a platform to implement the strategic direction for supervision of midwifery practice across the West of Scotland. The forum is also used for the sharing of best practice and working through any challenges that may arise. Dumfries and Galloway supervisors of midwives are represented on this forum by Brenda Thorpe.

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

- **Supervisor of midwives forum in LSA Dumfries and Galloway**
There is a local forum in Dumfries and Galloway and the supervisors of midwives meet every one-two months. Feedback is given from the West of Scotland link supervisor of midwives meeting, local issues are discussed and action plans reviewed and updated.
- **LSAMO and supervisors of midwives in HEI**
The LSAMO also meets with supervisors of midwives in the HEI to develop systems and processes to support supervised practice and reflective activities between supervisor of midwives and midwives. As these are developed they will be disseminated to all supervisors of midwives.
- **Scottish LSAMOS**
The three LSAMOs based in Scotland meet regularly to discuss any issues arising from a Scottish perspective.

5.2 **How the practice of midwifery is supervised**

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

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

- All practising midwives within its area have 24 hour access to a supervisor of midwives

Each of these standards is now audited annually in a LSA annual audit through a self assessment tool and by questioning supervisors and midwives about their experiences in relation to these standards.

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

Each midwife has a named supervisor of midwives and there has been steady progress in the number of midwives meeting their supervisor for an annual. It is anticipated that there will be full compliance with this standard on the appointment of the new supervisors of midwives other than midwives who are on long term sick leave or maternity leave.

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

All midwives have 24 hour access to a supervisor of midwives.

The LSA audit identified steady progress in achieving the LSA standards in 2008-09. No significant issues were identified. All the standards were either met or partially met. There is an action plan in place outlining any actions needed within the LSA (Appendix 3).

5.3 Safety of the Public

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

There is a supervisor of midwives on the Maternity clinical risk management group within the NHS Board and supervisors of midwives support other clinical governance strategies. A progress report on statutory supervision of midwifery practice is submitted to the Healthcare Governance Committee.

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

Work is being developed between the University of West of Scotland and the LSAMO to develop a system for supervisors to undertake a formal reflection with a midwife following an investigation when supervised or supported practice has not been deemed as an outcome following the investigation. This will be implemented in 2009-2010.

Supervisors within the LSA are committed to supervision of midwifery practice and its remit in the protection of the public within the LSA. They work hard in both developing and achieving the standards of supervision. Where there are challenges in practice the supervisors of midwives agree actions seeking the support of the LSAMO when necessary.

5.4 *Intention to Practise Process and Annual Review*

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

Each supervisor of midwives plans to meet with her supervisee to discuss learning needs, professional development needs and to discuss any concerns the midwife may have. To facilitate the annual review supervisors of midwives have made plans to meet with the supervisee when their registration is due to ensure the annual review takes place over the year rather than the end of the practice year.

5.5 *Supervisors of Midwives as Leaders*

The LSA audit identified in this year that there is an increased awareness amongst staff of the role of supervision of midwifery practice and all the staff were very supportive towards the student supervisors of midwives. They saw the supervisors as a distinct and separate group from management and all felt that this was in part due to midwives coming forward from the clinical field to undertake the role.

Each LSA audit undertaken in Dumfries and Galloway has identified that midwives seek the support of supervisors of midwives when they have felt the need to challenge practice to ensure the safety of the public.

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

- Clinical Incident Review Group
- Clinical Governance forums
- Obstetric Review Management Speciality Team
- Maternity Liaison Service Committee
- Educational Curriculum Planning Forums

5.6 *LSA Annual audit*

A consistent process has been established across the West of Scotland over the past two years to ensure that standards for the supervision of midwifery practice are met in each of the four LSAs in the West of Scotland. A LSA audit takes place annually within the LSA of Dumfries and Galloway. The LSAMO

Forum UK has produced an audit tool which is used by all LSAMOs to audit standards for the supervision of midwifery practice. This national audit tool ensures a consistent approach in auditing the standards for the supervision of midwifery practice.

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

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

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

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

The LSA audit took place over two days on 27 and 28 October 2008. The LSA audit team visited the two units and also met with the Chief Executive.

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

On the whole the 54 standards were met in the LSA NHS Dumfries and Galloway. Where they were not met or partially met the supervisors of midwives discuss the issues in their local meetings and update the local action plan that was developed following the previous years LSA audit. There is also a West of Scotland Action Plan that is reviewed every six months in the West of Scotland link supervisors of midwives forum to take issues forward across the region as well as at a local level (Appendix 4).

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

It can be demonstrated that an audit process is in place to assess how the practice of midwives is supervised and that a continual process to identify challenges and ensure continuous improvement is in place. This helps to ensure that supervision of midwifery practice is proactive and gives a framework for the protection of the public.

5.7 Challenges to effective supervision

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

Other challenges identified by supervisors in this years audit were the need to continue raising the profile of supervision amongst midwives and women and to establish an audit tool to review case records and documentation.

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

Service users were invited to take part in the LSA audit process. A training day was held to prepare service users to take part in the audit process this year. The programme for the training day is in the appendices (Appendix 5). Two training days were held and in total 10 service users attended the sessions and these were evaluated well.

7. Evidence of Engagement with higher education institutions in relation to supervisory input in midwifery education

7.1 The LSAMO and HEI

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

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

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

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

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

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

7.2 *Supervisor of midwives engagement with HEI*

NHS Dumfries and Galloway receive students from University of West of Scotland. Supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and continuous professional development. Supervisors of midwives are on curriculum planning teams and undertake lectures on pre registration and post registration programmes. They also ensure that midwives remain updated.

7.3 *Supervisors of Midwives supporting student midwives*

Each student midwife is allocated a supervisor of midwives. Student midwives were part of focus groups during the LSA audits and it was evident that they were conversant with the role of the supervisor of midwives in protection of the public.

7.4 *The clinical learning environment for pre-registration student midwives*

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

7.5 *Preparation of Supervisor of Midwives Programmes*

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

To recruit new supervisors adverts listing the skills required to be a supervisor of midwives are circulated throughout the LSA. Any midwives who are nominated or would like to become a supervisor of midwives may contact the LSAMO directly for information. The applicants then go through the selection process as set out in the LSAMO Forum UK guidance.

The student supervisors have a supervisor mentor during the preparation programme who assesses their competencies. The programme is comprised of

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

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

7.6 University of the West of Scotland

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

Programme leader – Maria Pollard

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

7.7 Challenges

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

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

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

7.8 Ongoing Education for Supervisors of Midwives

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

This year the sessions were as follows :-

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

Conference fliers can be found in the appendices (Appendix 6).

8. Details of any new policies related to the supervision of midwifery practice

8.1 Guidance for supervisors of midwives

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

8.2 West of Scotland Guidance

The LSAMO has also established a guidance group for supervisors of midwives to develop local guidance for supervisors of midwives in the West of Scotland which is being adapted for use for from the North West of England with permission from the LSAMO there. Supervisors of midwives in Dumfries and Galloway are represented on this group. These are under review at present. When the first guidelines have been ratified they will be able to be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk.

Supervisors of midwives in NHS Dumfries and Galloway also contribute to developing local guidelines for midwifery practice that are used within their service.

8.3 Reflection

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

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

9.1 *Public Health Issues*

NHS Dumfries and Galloway covers approximately 2,500 square miles. The Board provides services and care for a population of approximately 147,000 which is widespread in this remote and rural part of Scotland. Maternity Services within NHS Dumfries and Galloway are integrated throughout the area with a Maternity Unit within the Cresswell Wing of DGRI and the Clenoch Birthing Unit within the Galloway Community Hospital in Stranraer.

9.2 In terms of deprivation, the Board has particular challenges in targeting care for those women and families most in need. There are pockets of deprivation in Dumfries and Galloway with some women experiencing such illnesses as mental health issues and substance misuse. There are six areas of relative deprivation in the region; central Dumfries, part of Annan, northwest Dumfries, Upper Nithsdale, the Machars and Stranraer.

9.3 *Clinical Activity*

There are on average 1450 births in the area. The birth rate is relatively stable and there has been no major impact to the service in the past year. NHS Dumfries and Galloway monitors birth trends on a regular basis. They are also undertaking workforce planning and looking at skill mix and the age profile of midwifery staff. An overview of birth trends and clinical outcomes can be found in the appendices (Appendix 7).

9.4 The RCM recommends a maximum midwife to birth ratio of 1:28 in maternity services. The midwife to birth ratio in NHS Dumfries and Galloway is 1:18.5.

9.5 *Methods of Data Collection*

All statistics are collated within the maternity unit. NHS Dumfries and Galloway uses the Scottish Birth Record to input and extrapolate data.

The Cresswell maternity unit has participated in the national Nursing and Midwifery Workload and Workforce planning project and have undertaken Birth-rate Plus and has used the agreed Professional Judgement Workforce planning tool. A national short life working group is being established to develop a tool to assist in determining staffing requirements for women with complex needs and for the remote and rural areas unique to Scotland. This work will be used in conjunction with findings from Birth rate plus analysis.

9.6 *Serious Incident Escalation Policy*

There is West of Scotland guidance for supervisors of midwives on reporting and investigating serious untoward incidents. It is the role of the supervisor of midwives to advise the LSAMO if there has been a serious untoward incident. The Directorate of Women's Health uses the NHS Board Critical Incident Reporting system (DATIX). The department has a well established critical incident review team led by the Senior Midwifery Manager. A supervisor of

midwives sits on this forum and feeds back to the local supervisors of midwives forum.

9.7 Unit Closures

There have been no unit closures within Dumfries and Galloway in the reporting year. Cresswell does not close as they are the only maternity unit in the area. If problems are identified with capacity or staffing levels these are reported by the unit coordinator to the Service Manager and there are supervisors of midwives on call who assess the situation and make any necessary recommendations. An incident form would be completed to monitor trends.

9.9 Keeping Childbirth Dynamic and Natural

There has been much developmental work undertaken to keep childbirth natural and dynamic throughout Scotland. All areas have appointed Consultant Midwife posts to support this project at local levels and there is one full time Consultant midwife in post within NHS Dumfries and Galloway. A key aspect of her role is to support midwives in maximising normal birth and the role of the midwife as a lead professional for women who are low risk.

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

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

The appeals process is also set out in Guideline G. The guideline can be accessed on www.midwife.org.uk. and www.midwiferysupervisor-woslsa.scot.nhs.uk.

11. Reports on all local supervisory investigations undertaken during the year

11.1 The LSAs in the West of Scotland have guidance in place for supervisors of midwives on the reporting and monitoring of Serious Untoward incidents. Each supervisor of midwives has a copy of this guidance. The guidance acts as a reference for supervisors and includes a section to guide on what incidents or issues involving midwifery practice should be referred to the LSA. These include the following examples:

- All maternal deaths
- All investigations of midwifery practice being undertaken by SOM, irrespective of outcome
- Significant changes in service configuration that may have the potential for adverse impact on women and babies,

- Sustained deficits in midwifery staffing
- Midwives reported to the NMC
- Unexpected intrauterine or neonatal deaths
- Unexpected Intra-partum death
- Unexpected significant morbidity of a mother or baby

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

11.3 It is essential that the team of supervisors be notified of all serious untoward incidents that involve midwifery practice. This means that there should be a link between the supervisors of midwives and the risk management structures within the NHS Board. In Dumfries and Galloway a supervisor of midwives sits on the Maternity clinical risk management group.. Any incidents reported via DATIX are brought to the attention of the Head of Midwifery and the Senior Midwifery Manager.

11.4 A supervisor of midwives should undertake an investigation where circumstances suggest that there may have been poor midwifery practice. This function cannot be delegated to anyone else. The LSAMO is always available to provide advice and support to the supervisors of midwives.

11.5 In addition to the above guidance there is an LSAMO Forum UK national guideline available for supervisors of midwives. This is called 'Investigation into a midwife's fitness to practise'. It gives clear guidance on how to conduct a supervisory investigation, a template for documenting the investigation and a checklist of considerations whilst undertaking a supervisory investigation.

The LSAMO holds workshops for supervisors of midwives on how to conduct a supervisory investigation.

11.6 *Investigations*

There was one LSA investigation undertaken within the year by the LSAMO in conjunction with a supervisor of midwives from the LSA. This investigation was undertaken following a series of allegations made about a midwife's fitness to practice. The investigation was concluded after March 2009. The allegations were unfounded.

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

11.8 Supervisors of midwives strive to ensure lessons are learnt in the work place. Plan are in place to ensure that risks identified are discussed in the supervisor of midwives forum and strategies developed to prevent similar occurrences in practice.

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

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

11.11 Maternal Deaths

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

Supervisors of midwives notify the LSA MO If there has been a maternal death and also advise the LSAMO if there have been any midwifery practise issues. During this period there were no maternal deaths in Dumfries and Galloway.

12.0 Conclusion

This report has demonstrated the significant and steady progress made in NHS Dumfries and Galloway during this reporting year.

Supervisors of Midwives demonstrate commitment to achieving high standards of practice in relation to statutory supervision of midwifery practice and in raising the profile of statutory supervision of midwifery practice within the service. They are supported in their role by the Head of Midwifery and the Senior Midwifery Manager. The supervisors, Head of Midwifery and Senior Midwifery Manager all support the LSAMO in embedding a strategic and consistent approach for supervision of midwifery practice across the West of Scotland. This contributes to ensuring a safe service for women and their families and also the provision of safe learning environments student midwives.

12.1 LSA Priorities for 2009-2010

- Continue to monitor and reduce risks as set out in the NMC risk register
- Ensure standards of supervision are met and where they are not develop action plans
- Support leadership development of supervisor of midwives
- Continue to raise the profile of supervision amongst midwives
- Engage with service users
- Develop new guidance for supervisors of midwives as required to support them in their role
- Continue to ensure the safety of the public receiving maternity care through the monitoring of serious untoward incidents.

12.2 The LSAMO will continue to provide education and support for supervisors where required as for example in training supervisors in conducting a supervisory investigation and supervising a midwife's practice. Learning needs

will continually be identified by supervisors of midwives from evaluations from training days or conferences or as identified in meetings. The ultimate aim is to ensure the protection of the public through the effective supervision of midwifery practice through meeting the needs of supervisors of midwives and women and their families at both local and national levels.

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

John Burns
Chief Executive NHS Dumfries and Galloway

Signed JBurns

Joy Payne
Local

Joy Payne

Supervising Authority Midwifery Officer

Signed _____

Appendices

Appendix 1

NMC Risk Score Register

Appendix 2

WoS Risk Score 2007-8

Appendix 3

NHS Dumfries and Galloway Action Plan

Appendix 4

WoS Action Plan

Appendix 5

Training Day Service Users

Appendix 6

***WoS SOM Conference Programme:
Conducting SOM Investigation***

NMC Framework Risk Register Key

Consequence/Severity of Impact

Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely - 2	2	4	6	8	10
Remote - 1	1	2	3	4	5

RISK ■ Low ■ Moderate ■ High
 1-8 9-15 16-25

Rating consequences and impact

Catastrophic	Critical impact on protection of the public e.g. significant contributor to higher than anticipated unexplained deaths of mothers or infants or, serious injury of mother or baby requiring life-long support. Very difficult and long term to recover.
Major	Major impact on protection of the public or function of the LSA. E.g events which risk public or professional confidence in the respective maternity services or respective LSA/SHA, non-compliance with action plans from various investigating authorities. Medium to long term effect.
Moderate	Significant impact on protection of the public, function of the LSA. E.g. events where co-partners such as Education Providers identify issues in the learning environments for student, where the LSA Framework is unattainable due to closure of education routes for Preparation of SoM Programme. Medium term effect.
Minor	Minor impact, loss, delay, inconvenience e.g. non-compliance with NMC Standard or Guidance. I.e. when appointing an LSAMO, failure to submit an ITP etc, lack of data or evidence to support Investigations or Reports issued by the LSA. Short to medium term effect.
Insignificant	Risk identified with clear mitigation from LSA including management through internal risk framework, clear plans action plans and lines of reportage, etc. Little or no effect.

Rating the likelihood

Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlikely	Could occur at some time
Remote	May occur only in exceptional circumstances

NMC Framework Risk Register

Ref	Summary of information	Source	Risk	Likelihood	Impact	Risk score
Chief Executive sign off and quality of report						
1	Chief Executive did not sign annual report and no indication that it had been viewed by him/her.	LSA Annual Report	Lack of sign off may mean non-engagement with supervisory function at SHA/board level.	2	8	16 RED
2	Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
3	Inconsistent description of supervision framework described and NMC not assured that an effective and consistent supervisory framework is in place.		Effective and consistent supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
Numbers of Supervisors of Midwives, appointments, resignations and removals						
4	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
5	SoM / MW ratio not stated.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors	4	4	16 RED

Details of how midwives are provided with continuous access to a Supervisor of Midwives						
6	Description of how midwives are provided with continuous access to a SoM not described or variable across LSA and NMC not assured that an effective supervisory framework is in place. E.g. some areas within an LSA may use a 24/7 hour rota and some may use a contact list.	LSA Annual Report	That in an emergency midwives may not have clarity about how to contact a Supervisor of Midwives thereby delaying a decision that may have an influence on the outcome for a mother and baby.	3	4	12 AMBER
7	No evidence that ' <i>continuous access to a SoM</i> ' process is audited so lack of assurance that process is working effectively.	LSA Annual Report	Process may not be working effectively which may have impact during emergency situations (see above).	3	4	12 AMBER
Details of how the practice of midwives is supervised						
8	LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public	4	3	12 AMBER
9	No description of ITP process.	LSA Annual Report	Lack of supervisory framework in place and inability to delivery function of supervision.	4	4	16 RED
10	LSA Audit Process stated as not undertaken.	LSA Annual Report	No mechanism in place to assure LSA that supervision is functioning and therefore NMC not assured that effective supervisory framework in place.	5	4	20 RED

Evidence that service users are assisting the LSAMO with the annual audits						
11	Public User Involvement in supervision audits not described.	LSA Annual Report	Lack of user input into development of supervisory framework. Risk in meeting rules and standards.	4	3	12 AMBER
12	Public User Involvement in supervision could be enhanced.	LSA Annual Report	Minimal user input into development of supervisory framework.	2	2	4 GREEN
Evidence of engagement with higher education institutions in relation to supervisory input in to student midwifery education						
13	No evidence of engagement with higher education institutions.	LSA Annual Report	Risk in meeting rules and standards.	4	4	16 RED
14	Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio.	LSA Annual Report QA Framework	Supervisory framework is not pro-active in improving learning environment for student midwives and/or students learning in an inappropriate clinical environment.	4	4	16 RED
Details of any new policies related to the supervision of midwives						
15	No detail of any new policies.	LSA Annual Report	Lack of pro-activity of LSA in supporting supervisors of midwives with policy development.	4	4	16 RED
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						

16	Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.	LSA Annual Report	Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	4	4	16 RED
17	Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery students	3	5	15 AMBER
18	Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER

Details of number of complaints regarding the discharge the Supervisory Function

19	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	3	5	15 AMBER
20	Evidence of up held complaints against the LSA.	LSA Annual Report	That the LSA has been deemed to be in effective in its function to women or midwife (dependent on complaint). There may have been a compromises to protecting the public e.g. due to bullying, harassment or discrimination.	4	4	16 RED
Reports on all local supervising authority investigations undertaken during the year						
21	High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers.	LSA Annual Report	Rules and Standards in relation to investigation leading to supervised practice not being interpreted appropriately/effectively. Risk that midwives being placed on a programme of supervised practice inappropriately.	3	4	12 AMBER
General concerns identified in the NMC framework for reviewing LSAs						

22	Inadequate supervisory framework in place to meet the Midwives Rules and Standards across the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
23	Where a midwife is reported to the NMC for clinical concerns without reference to the supervisory framework.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
24	Where the clinical environment is unsafe for midwife student learning or mentorship is ineffective and not supporting student midwives.	NMC framework for reviewing LSAs	Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER
25	Concerns regarding the function and performance of supervision within the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
26	Poor compliance with recommendations from any investigations reports from either the LSA or other bodies such as the Healthcare Commission.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
27	Concerns of conduct which relate to, for example, bullying, harassment or abuse of power from within the LSA or supervisory framework which may impact upon the function of supervision.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER

West of Scotland LSA risk profile 2007-08

LSA Profile

LSA	West of Scotland Host LSA - Ayrshire and Arran	Chief Executive	Dr Wai – Yin Hatton
LSAMO	Joy Payne	Contact details of LSAMO	Joy.Payne@aaaht.scot.nhs.uk

Numbers of Supervisors of Midwives, appointments, resignations and removals

28	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
----	---	--------------------------	--	---	---	--------------------

Score: 12

Date of assessment meeting		Recommendations following assesment meeting	<input type="checkbox"/> To monitor <input type="checkbox"/> To undertake review
Reasons for review to be undertaken		Date for proposed review	

Review complete		Report of review published on NMC website	
Action plan received from NMC		Action plan implementation date	
Follow on actions			

Comments

--

West of Scotland Region

Local Supervising Authority NHS Dumfries and Galloway

November 2007

**Action Plan following the Audit of
the Nursing and Midwifery Council's Standards for the Supervision of Midwives and Midwifery Practice**

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
					Update Jan 08	Update March 08	Update July 08
<i>Aim;</i>							
(1) Raise the profile of supervision of midwifery practice within the organisation	Rapid workshops to all staff to outline role and responsibilities of Midwife, SOM and LSA Mo	JP BT	Staff time	January 2008 Workshop planned for 07/01/08. LSAMO sick. 2 nd Meeting 31/03/08 3 rd Meeting/Workshop planned for 16/05/08	Workshop planned 7.1.08 LSAMO unable to attend S/L	Workshop held 31/3/08 Series of workshops arranged for 16/05/08	Achieved Achieved

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
	<p>Arrange for SOMS and clinical leaders to attend SOM forums in Ayrshire and Arran Lanarkshire and implement into practice locally</p> <p>Clinical Midwives to shadow SOM locally</p> <p>Agenda SOM in staff meetings</p>	<p>JP Local SOM</p> <p>BT</p> <p>BT</p>		<p>January /February 2008</p> <p>February 2008</p> <p>Every Staff Meeting</p>	<p>SOM could not be released due to clinical priorities needs further consideration</p>	<p>To be reviewed in SOM meeting.</p> <p>3 prospective candidates identified. Will shadow SoM during April and May 2008</p>	<p>SOM could not be released due to clinical priorities but SOMS have refocused meetings and do not feel need to visit other area at present.</p> <p>Midwives given opportunities to shadow SOMS and to meet with LSAMO to discuss role of SOM</p>

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
	Ensure SOM sits on relevant committee in single role as SOM Clinical Incident Review Group Maternity Liaison Service Committee Obstetric Speciality Management Team	BT and each SOM		January		SoM identified for committees etc. Will further develop when more SoMs appointed	Continues
	Consider SOM to have case load of midwives other than those she may manage	SOMS		March 2008		Will action following appointment of additional SoMs.	Will action following appointment of additional SoMs.

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
(2) Refocus supervisors of midwives forum ensuring regular meetings take place with SOMS attending unless on leave	<p>Ensure programme of meetings established for 2008 and all SOMS should attend unless on leave. Meetings to have high priority status</p> <p>Local Supervisors time out to plan focus for future meetings</p> <p>Arrange for Clinical Midwives to attend meetings</p> <p>Each SOM to take a lead in an aspect of practice for SOM and lead on this in the forum and at clinical level</p>	<p>Link SOM (BT)</p> <p>SOMS</p> <p>BT</p> <p>SOM</p>		<p>December 2007</p> <p>January 2008</p> <p>March 2008</p> <p>April/May 2008</p> <p>January 2008</p>	<p>Actioned December 2007</p> <p>Revised format agreed</p> <p>Each SOM allocated component for standard for supervision to develop in practice</p>	<p>CEMACH Report – each SoM reviewing a section</p>	

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status	
(3) Ensure Registrants understand their responsibilities as registrants from the perspective of statutory supervision of midwifery practice	Rapid roll out of workshops outlining role and responsibilities of registrants and also SOM and LSA MO	JP		December / January 2008		<p>Workshop March 2008</p> <p>Further workshop arranged for May 16th 2008</p> <p>Achieved</p> <p>Midwives reminded of their responsibilities</p> <p>Annual reviews in progress</p> <p>Midwives views and compliance with midwives annual reviews will be re-audited in the LSA Audit in October 2008</p>

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status	
(4) Recruit midwives to undertake preparation course to become a supervisor of midwives	<p>Following workshops invite midwives to nominate midwives to become SOM</p> <p>Rollout information on preparation course for supervisors of midwives</p> <p>Ensure firm mentorship systems in place during training and when nominated to undertake role</p>	<p>JP BT</p> <p>JP Educationalist</p> <p>SOM to be named</p>	<p>Staff time</p> <p>Funding for Course</p>	<p>January 2008</p>		<p>Workshops arranged. 2nd advert out at present.</p> <p>Educationalist attending workshop on 16th May</p> <p>During relevant course</p> <p>For action when Supervisors appointed. Process in place.</p> <p>Five midwives have now been selected to undergo the preparation programme to be appointed as supervisors of midwives to LSA. They will commence preparation course on 18th September 2008</p>

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
(5) Supervisors of Midwives to have roistered time of 7.5 hours for supervision monthly.	Each SOM to have roistered 7.5 hours each month to fulfil role Keep log of time spent on supervision	SOM to allocate time in roster SOM		December onwards Link SoM has advised SoMs to plan time.			Data collection form developed to monitor time spent on supervision.
(6) All midwives to meet with SOM for supervisory review at least once a year (Rule 12 NMC Midwives rules and standards)	Each SOM to establish yearly programme of annual reviews with supervisees Each midwife to have annual review with SOM Give consideration locally to annual review tool	SOM MW BT and SOM	Staff time	By March of each year Annual review of tool Each January	Process established	Workshops held profiling role of SOM	Process to be re audited by LSAMO in LSA audit October 2008

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
(7) Profile role of supervisor of midwives in Clinical Governance Forums	SOM to sit on Clinical Governance Committee, Clinical Incident Review Team	SOM to be allocated		January 2008	Established		Achieved
	MLSC Obstetric Management Speciality Review Team	SOM			SOM allocated to each forum		
	SOM to undertake relevant supervisory investigations	SOM		Ongoing	Process in place		
	Ensure midwives debrief with SOMS and lessons learnt taken back to practice	SOM and discuss		January 2008	Feedback occurs on an individual basis		
	Ensure midwives attend multi disciplinary forums to review clinical events and lessons learnt	SOM forum SOM and discuss in SOM forum		January 2008	System in place		

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
(8) Build on developing evidence to meet the standards for supervision as set out in LSA self assessment tool	Build on developing evidence as set out in standards in LSA self assessment tool	Each SOM to have lead on each of the five standards		Link SoM Leader	To establish lead for each standard Jan 2008 and then Ongoing	Lead established	To be audited in LSA AUDIT October 2008

Joy Payne
LSA MO West of Scotland
Brenda Thorpe General Manager /Head of Midwifery
November 2007/ April 2008/August 2008

APPENDIX 4

West of Scotland Action Plan
2009-

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
1.Demonstrate the role of statutory supervision of midwives interface within the clinical governance frameworks in each LSA	<p>Ensure links with clinical governance networks within the LSA'S</p> <p>Ensure untoward incidents are reported to the LSA and that there is a mechanism in place to guide SOMS in reporting incidents that may impact on women to the LSA</p> <p>Provide Advice and support to SOMS in the investigation of practice concerns and or where sub optimal practice is alleged , irrespective of the</p>	<p>JP All SOMS</p> <p>All SOMS</p>	Staff time	<p>July 2008 SOMs on clinical risk management committees</p> <p>West of Scotland guidance for reporting serious untoward incidents published and circulated for effect 1/4/08</p>	<p>December 2008</p> <p>Process in place and investigations are being reported. Need to firm up process to trigger SOM investigation When required</p>	<p>SOMs continue to be represented on clinical risk management committees</p> <p>Untoward incidents are reported to LSA by SOMS . LSAMO is collating a spreadsheet of any incidents reported to LSA to ensure themes shared to prevent similar occurrences</p> <p>Action Review trigger list & look at the</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	clinical outcome	JP	Staff time		LSAMO available to provide advice and support	effectiveness of the process in the WoS by Dec 2009 and link in with any outcomes from NMC road shows and LSAMO Forum UK work stream on investigations LSAMO available to provide advice and support as requested and during all investigations	
2.Raise the profile of statutory supervision of midwives, the role of the supervisor of midwives, the role of the LSAMO and the LSA	Encourage networking across the LSA'S and the sharing of good practice through facilitating sessions for all SOMS and also through the WOS Link SOM'S Forum Implement road shows for midwives outlining the role of	JP All SOMS		Workshops to be rolled out in LSAs where required profiling the role of the SOM	LSA audits identifying verbally that SOMS seen as distinct group. Workshops to be held in and Ayrshire PRM in new year	Workshops undertaken in PRM in March 2009 to promote role of supervisor. Needs further workshops following service redesign that is currently in place as still difficulty in recruiting in this	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	<p>the SOM, the LSAMO and the midwife</p> <p>Create opportunities for midwives to shadow SOMS to have exposure to the role and contribute to succession planning</p> <p>SOMS to sit on relevant committees to represent views via the perspective of statutory supervision of midwifery practice</p> <p>Establish a website for the public to give information on supervision of midwifery practice</p>	<p>All SOMS</p> <p>All SOMS</p>		<p>Midwives to be given opportunities to shadow SOMS when undertaking role</p> <p>SOMS to be represented on Clinical governance committees Risk management forums MLSC Maternity Framework group Educational curriculum</p>	<p>Invitation continues for shadowing opportunities. To be implemented at local levels</p>	<p>unit.</p> <p>Profile in Ayrshire has been raised with more midwives showing interest in coming forward to become supervisors as 5 individuals will commence September 2009 programme.</p> <p>Circulate minutes/notes of SoM meetings to all midwives in each LSA.</p> <p>SOMS represented on all committees in each LSA.</p> <p>Invitation continues for shadowing opportunities. Student SOMS to shadow soms in WOS meeting</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
		JP Link SOMS		planning committees Establish a web site	SOMS continue to be represented on forums In draft format reviewed in December WOS link meeting	and encourage staff locally to shadow soms Still in draft format to be finalised in July 2009 has been reviewed by WOS SOMS	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
3. Demonstrate the evidence, audit trail, and trend analysis of the standards of statutory supervision and midwifery practice	Undertake an annual audit of supervision of midwifery practice to demonstrate that the standards for supervision of midwifery practice are met across the region Gather evidence within each LSA to demonstrate compliance with the standards to assess and assure quality within each LSA	JP Link SOMS SOMS		LSA Audit process established and implemented 2007-2008 For annual audit across LSAs	LSA audits in process for this year	Audits established for 2009-2010 LSA audit reports available in each LSA for 2008-2009 Each LSA local forums responsible for undertaking any individual actions as required	
4. Increase user involvement in the work of the LSA and the LSAMO	Establish a network for user involvement in supervision across the region Enlist the support of users in undertaking an annual audit of the LSA	JP All SOMS	Travelling expenses and child care expenses for users	Work with NHS Boards and birth groups to recruit users in development of strategies for supervision and also To take part in LSA audits	Users taking part in LSA audit. In liaison with Patient public participation officer in GGC to assess if user participation in audit can be developed such as audit team	Explore existing mechanisms for funding user expenses Link SOMS to recruit users in own areas for audit visits. JP will repeat training day for	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	Provide training sessions for users				visiting local groups throughout year. For review following completion of this years audit process.	users Look at the use of postal survey to gain women's views LSAMO to provide training sessions dates to be arranged for August/ September 2009	
5.Promote active recruitment and preparation of new SOMS, to ensure standard minimum ratios are maintained, ensuring succession planning	Implement road shows in areas where there is difficulty in recruiting midwives to become a SOM. Create shadowing opportunities Encourage midwives to nominate midwives they feel will be good SOMS Ensure adequate support systems in	JP Link SOM Forum All SOMS HEIs		Rollout road shows workshops In LSA Give Midwives opportunities to shadow SOMS in meetings Guidance in place of buddying system to	For recruitment in January/ February for September intake for prep course Student SOMS encouraged to take part in LSA audits and all supervisory activities	18 midwives interviewed in May 2009 and 12 undertaking Sept 2009 course Results pending from Sept 2008 programme – to be appointed Sept 2009 To undertake active recruitment in GGC next Feb	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	place for student SOMS and newly appointed SOMS			support student SOMS	All student SOMS have mentor Newly appointed SOMS will have a mentor	All areas to maintain own lists of mentors. Template for maintaining register circulated to all areas June 2009 by JP	
6. Provide opportunities for SOMS to expand their knowledge of the statutory processes and understanding of the role of LSAMO	<p>Ensure SOMS actively contribute to and access up to date information whilst undertaking their role</p> <p>Ensure SOMS can access information from the NMC</p> <p>Provide an annual conference to ensure networking and the sharing of best practice across the LSA'S Provide support to SOMS as required</p> <p>Develop leadership</p>	<p>JP Link SOMS</p> <p>JP Link SOMS HEIs</p>	<p>Staff time for training Conference fees</p>	<p>Links established between SOMS and LSAMO. Good links between SOMS and HEIs</p> <p>Conference for SOMS to be held annually</p>	<p>Annual conference arranged for February and March 2009</p> <p>Information circulated as received</p> <p>Annual conference arranged this conference will</p>	<p>Annual conference taken place on February 11th and March 11th 2009 on Leadership and the role of the supervisor</p> <p>Supervisory workshops taken place –for SOMS on conducting supervisory investigations September 2008 and April 2009 more workshops planned for September 2009</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	skills of SOMS		Staff time for training Conference fees		be on developing leadership skills as a SOM	and November 2009 Information circulated as received Scottish Conference planned for December 2009 National LSAMO UK conference next April 2010 in Nottingham Each area to put forward good practice seminars WoS conference was on leadership	
7.Ensure registrants understand their responsibilities as registrants from the perspective of statutory supervision of midwifery practice including the requirement of the	Implement road shows across the relevant areas profiling the role of the SOM and the registrant	JP HEIs SOMS Link SOMs		Road shows developed and rolled out. Also SOM role profiled in LSA audits	SOMS continue raising profile of supervision. For workshops in PRM in new year. LSA audits demonstrating so far that midwives	Focus groups with midwives in the LSA audits of 2008-2009 demonstrated an increased awareness in their role &	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
supervisory review					becoming more aware of their responsibilities as registrants in focus groups. LSA audits are contributing to raising the profile of the SOMS	responsibilities as registrants and that of the supervisor. Soms have raised the profile over the last year. Midwives are attending for annual review in areas there were difficulties	
8. Ensure SOMS have adequate time to undertake the function of the role	SOMS to have the equivalent of a day a month to fulfil their role SOMS to monitor time undertaken on supervisory function and to identify any problems in obtaining time	All SOMS Line managers	As per staffing	SOMS to have equivalent of 7.5 hours per month to undertake role Monitor time spent in undertaking role and work on difficulties	SOMs monitor time some report having difficulty taking time. Managers are facilitating time	SOMs monitor time - some report having difficulty taking enough time. Managers are facilitating time. SOMS should report difficulties to line managers Utilisation of SOMs time to be included in annual audit questionnaire in LSA Audit 2009-2010	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
9. Each SOM to audit case records	All SOMS to audit case records and share relevant findings in practice to improve the quality of record keeping	All SOMs		All SOMs to undertake audits of records	To establish record-keeping audit across each LSA. Process in place in GGC and Lanarkshire. Lanarkshire also conduct documentation workshops	Each area reported ongoing audits taking place. These will all be reviewed in LSA Audit 2009-2010	
New actions identified from NMC (2009) Supervision , support and safety on June 11TH 2009						June 2009	
10. Ensure a robust recruitment strategy is in place to ensure there is a ratio of 1:15 in each LSA	Develop a recruitment strategy	WoS guideline group				JAdverts circulated for interviews in February of this year and interviews took place in may 2009. this will take place annually. Workshops are held in areas where there is difficulty recruiting this has included over the past year	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
						Dumfries and Galloway. Princess Royal Maternity unit Greater Glasgow and Clyde and in Ayrshire last year by local SOMS	
11. Audit response times from SOMs to midwives to requests for advice	Develop guideline and audit tool	WoS guideline group				This will be audited in the years LSA audit 2009-2010. In last years audit no problems highlighted by midwives in accessing a SOM	
12. Demonstrate actions taken and evidence of progress in response to risks communicated from NMC. Risk in WOS ratio Som/mw above 1:15 in AA GGC DG Some trends identified as risk i.e. poor communication	Ensure ongoing annual recruitment Cross reference recommendation 5 Ensure action plan in place & implementation	All All areas		Ongoing		Recruitment taken place throughout the WOS, 11 som's due to be appointed by August b2009 and further 12 student SOMS to commence preparation programme in September 2009	
13.Feedback concerns to	Ensure focus	LSAMO		Ongoing		Focus groups	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
HEI if any concerns in learning environment for student midwives	groups in each LSA audit with Student Midwives					held with student midwives in 2008-2009 LSA audits and to be repeated in 2009-2010. LSAMO would feed back any concerns to HEI. LSAMO is going to link with NHS NES PEF to deveop some work around this and also Jean ranksin will feed back minutes of any relevant meetings to LSAMO on student placements	
14. Concerns about newly registered midwives should be reported	Any concerns with fitness to practice for all registered midwives should be investigated as per guideline L	All		Ongoing		Mechanism in place to report concerns.	
15. Each LSA/ Region should work	LSAMO to establish a link	LSAMO		Dec 2009		JP to establish link with SPSA	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
collaboratively with organisations that have a safety remit such as SPSA						and link into WOS meetings	
16. Each LSA should develop action plans in response to trends impacting adversely on Safety of women and babies using maternity services Ability of midwives to provide safe quality care in the antenatal, intrapartum and postnatal period Ability of midwives to mentor student midwives to ensure competent applicants to the register	Develop action plan to meet local needs as required	All		Ongoing		Action plans to be developed by all links in individual units	
17. LSAs should move to an electronic method of storing supervision related data that uses a standard dataset agreed by LSAMO UK Forum	LSAMO to submit a bid to each NHS Board for funding	LSAMO		July 2009		Bid made to each LSA to share costs of LSA data base	
18. LSAs should explore working with organisations that have a safety remit, such as the SPSA in order to address the concerns raised in relation to poor	Collaboration initiated & maintained Cross reference recommendation 15	LSAMO & all SOMs		Ongoing		LSAMO to establish link with SPSA	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
practice							

Joy Payne
LSAMO
West of Scotland



APPENDIX 4

SERVICE USER LSA AUDIT WORKSHOP

1- 3pm

**VENUE Queen Mothers Hospital
Parent Craft Room**

LUNCH PROVIDED

Facilitator Joy Payne LSAMO West of Scotland

1.00 pm Welcome and Introductions

1.15pm Overview of Statutory Supervision

1.45 pm Reason for LSA audit visits

2.15 Proposed time table

- 2.20 LSA audit standards**
- 2.30 Feedback from 2007-2008 LSA audits**
- 2.45 Group discussion on themes for this year's audit
Ground rules and any questions**



**West of Scotland
Supervisors of Midwives Workshop
Conducting a Supervisory Investigation**

**PROGRAMME
12th September 2008
Venue Beardmore Hotel & Conference Centre
Clydebank
Glasgow**

Facilitated by Joy Kirby LSAMO EoE

Joy Payne LSAMO WoS

09.00- 09.15 Coffee and Registration

0915 -10.30 Introduction and Conducting a Supervisory Investigation

10.30-10.45 Tea Break

10.45-12.30 Fact Finding

12.30-13.15 Lunch

13.30 -15.00 Investigation Interviews

15.00-15.15 Tea break

15.15-17.00 Coming to Conclusions & Making Recommendations



West of Scotland Supervisors of Midwives Conference 2009

February 11th and March 11th

Supervision in Action Midwifery Leadership –Making it happen

Facilitator Liz O'Neill

Welcome and Introductions

Understanding Leadership in a Supervisory Role

Challenges and skills

Influencing and Using Power

Leading Change

Coaching for Development

Communication

Dealing with Conflict

Taking Stock

Planning and Prioritising

STATISTICS FOR WEST OF SCOTLAND
1 April 2008 – 31 March 2009

	Dumfries	Stranraer
CLINICAL ACTIVITY		
Total women delivered	1222	238
Total delivered in the hospital	1176	226
Total number of babies born	1246	240
Number of hospital births in water	19	2
Deliveries in community maternity units	0	85
Stand alone		
Within main unit	1176	141
Total number of women booked under midwife-led care (Taken as a % of deliveries)	Data not currently collected	
Total number of women transferred to consultant care	Data not currently collected	
Are you able to monitor reasons for transfer?	N/A	N/A

Number of late neonatal deaths (i.e. 7 – 28 days)		
INTERVENTIONS		
Planned inductions	221	37
Accelerated labours (including ARM and Syntocinon, or both)	Data not currently collected	
Episiotomies	117	19
Epidurals with vaginal births	0	0
Epidurals/spinals with caesarean sections	116	36
Planned caesarean sections	149	27
Emergency caesarean sections	195	23
Total caesarean sections	344	86
Forceps deliveries	52	3
Ventouse deliveries	38	8
Vaginal breech deliveries	4	2

FACILITIES	Dumfries	Stranraer
Type of unit (consultant/midwife/GP)	Consultant	Stand alone M/W
Total number of maternity beds (including delivery beds)	28	2
Number of obstetric theatres	1	0
Staffed by midwifery staff (other than receiving baby)	Yes (surgical)	N/A
Staff by theatre staff	Yes (Anaesthetic)	N/A
High dependency beds	No (Transfer to main hospital on site)	0
Early pregnancy unit.	As part of Antenatal Clinic	0
Fetal medicine unit		0
Antenatal day assessment unit	Yes – as part of Antenatal Clinic	1ROOM
Birthing pool	Yes	0
Bereavement/quiet room	Yes	0
Partners accommodation on AN ward	Yes	0
Family kitchens	Yes	0
Security system: Controlled door entry	Yes	1
Baby tagging	No	0

Pressure mattresses		0
Midwife-led beds	Not specified	2
Intrapartum GP care	No	0
Transitional care cots	Yes	0
Neurophysiological examination of the newborn		99
Ultrasound scans	Yes	600
Amniocentesis	Yes	0
Induction of labour by prostaglandin	Yes	0
by syntocinon	Yes	0
Ventouse deliveries	Yes	0
Forceps deliveries	Yes	0
Six week postnatal examination	By GPs	0
Cervical smears	Yes	0
Specialised counselling	Yes	0
External cephalic version	Yes	0



Local Supervising Authority Greater Glasgow and Clyde Annual Report

1 APRIL 2008- 31 MARCH 2009

**Prepared by Joy Payne
LSA Midwifery Officer
West of Scotland**

July 2009

Content

Section		Page
	Executive summary	3
1	Introduction	4
2	Each local supervising authority will ensure their report is made available to the public	6
3	Numbers of supervisor of midwives appointments, resignations and removals	7
4	Details of how midwives are provided with continuous access to a supervisor of midwives	9
5	Details of how the practice of midwives is supervised	10
6	Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	16
7	Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	16
8	Details of any new policies related to the supervision of midwives	20
9	Evidence of developing trends affecting midwifery practice in the local supervising authority	20
10	Details of the number of complaints regarding the discharge of the supervisory function	22
11	Reports on all local supervising authority investigations undertaken during the year	23
12	Conclusion	26
	References	
	Appendices	

Local Supervising Authority Greater Glasgow and Clyde

Executive Summary

The Local Supervising Authority (LSA) is responsible for ensuring that the statutory supervision of all midwives and midwifery practice as set out in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council (NMC 2004) Midwives rules and standards is carried out to a satisfactory standard for all midwives working within its geographical boundaries.

This report follows the guidance set out by the Nursing and Midwifery Council Guidance for LSA Annual report submission to the NMC for the practice year 1 April 2008-31 March 2009.

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

There are 54 standards contained within the midwives rules and the role of the LSAMO is to ensure the standards are met. A self assessment tool is undertaken annually in relation to the NMC standards. A self assessment tool is undertaken within the LSA on an annual basis and any actions required are incorporated into an action plan, which the supervisors of midwives review on a regular basis.

Each midwife is required to have a supervisor of midwives and supervisors of midwives are appointed to the LSA. As set out in the NMC (2004) Midwives rules and standards the LSAMO plays a pivotal role in clinical governance by ensuring the standard of supervision of midwifery practice meets that required by the NMC.

This report provides details on how the statutory requirements are being met in Greater Glasgow and Clyde and where challenges or risks to the function of statutory supervision of midwifery have been identified. It also describes what actions are being taken to ensure that there is a safe standard of care for the public.

Local Supervising Authority Greater Glasgow and Clyde

1.0 Introduction

This report covers the reporting year 1 April 2008-31 March 2009 for the LSA of Greater Glasgow and Clyde. It has been produced to meet the requirements of Rule 16 within the NMC (2004) Midwives rules and standards. Articles 42 and 43 of the Nursing & Midwifery Order 2001 requires that 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 LSA is responsible for ensuring that statutory supervision of midwifery practice is exercised to a satisfactory standard and this is delegated to the Local Supervising Authority Midwifery Officer.

The Local Supervising Authority in Greater Glasgow and Clyde sits within the NHS Board Greater Glasgow and Clyde. The Chief Executive and LSAMO contact details are as follows:-

Local Supervising Authority	Contact Details
LSAMO West of Scotland Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock KA2 0BB Telephone 01563 825757 Email joy.payne@aaaht.scot.nhs.uk
Chief Executive NHS Greater Glasgow and Clyde	Robert Calderwood NHS Greater Glasgow and Clyde Dalian House Glasgow Telephone Email

NHS Greater Glasgow and Clyde incorporates the following maternity units:-

NHS Board	Maternity Service	Total Number Births
Greater Glasgow and Clyde	Princess Royal Maternity Unit	5794
	Queen Mother's Hospital	3014
	Southern General Hospital	3361
	Royal Alexandra Hospital	3674
	Inverclyde Royal Community Maternity Unit	95
	Vale Of Leven Community Maternity Unit	98

1.1 Standards

In the NMC (2004) Midwives rules and standards there are 54 standards to be met by LSAs and supervisors of midwives. A self assessment is taken annually. Where standards are not met or only partially met action plans are developed in conjunction with supervisors of midwives to achieve the standard.

1.2 This is the third report since the inception of a fulltime LSAMO in the West of Scotland. There are four LSAs in the West of Scotland. Each Chief Executive in the West of Scotland requires an annual report to enable them to have assurances that there is a robust framework of statutory supervision of midwifery practice within its geographical boundaries. Therefore this report aims to demonstrate how the standards are met with in the LSA of NHS Greater Glasgow and Clyde.

1.3 Over the past three years the LSAMO has made steady progress alongside the supervisors of midwives in establishing a strategic direction for supervisors of midwives in the area. This includes the establishment of a West of Scotland Link Supervisors of Midwives (WoSLSM) Forum, a process for auditing LSAs throughout the region and a system to notify serious untoward incidents to the LSA.

Supervisors of midwives are undertaking investigations when there has been a serious incident to address practice issues and identify system failures. Guidelines and policies have been reviewed and this year the LSAMO Forum UK Guidance has been adopted across the West of Scotland as a whole in the area to ensure the standard of supervision of midwifery practice is consistent with all other areas in the UK. A website has also been established across the region in July 2009. This can be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk .

Networks are now firmly established throughout the region and there is evidence of progress in achieving the targets set out in the previous LSA annual reports that were submitted to the NMC.

1.4 NMC Risk Register

When the annual report is submitted to the NMC a risk scoring framework is used (Appendix 1) to assess non compliance with the 54 NMC standards for LSAs. This risk score is applied collectively by the NMC across the four LSAs in the West of Scotland. In the practice year 2006-2007 a risk score of 129 was applied to the West of Scotland.

Supervisors of midwives across the area have undertaken work to ensure the risk score has been reduced. Together with the LSAMO they have established a strategic and consistent approach to statutory supervision of midwifery across the region. The LSA has been committed to ensuring there is a robust framework for statutory supervision in place. This work was rewarded as in the year 2007-2008 a risk score of 12 (Appendix 2) was given to the West of Scotland which demonstrates the significant work undertaken by supervisors of midwives to ensure there is a consistent and strategic approach to statutory supervision of midwifery practice.

1.5 The risk identified by the NMC following submission of the annual report for the year 2007-08 is:-

- SOM/MW ratio above 1:20 within individual services or across the LSA

1.6 In NHS Greater Glasgow and Clyde the ratio was 1:19 which as specified by the NMC risk register places the LSA as at moderate risk. There has been a recruitment strategy within the LSA and there has been some success as eight midwives were appointed to the role of supervisor on March 31 2009 and a further four have been appointed in July 2009.

1.7 Challenges identified for Greater Glasgow and Clyde in last years annual report were identified as :-

- Continue reducing risks identified by the NMC
- Continue raising the profile of supervision of midwifery practice
- Maintain the recruitment and retention strategy
- Continue to engage with service users
- Ensure West of Scotland LSAs website is live
- Ensure the framework of supervision of midwifery practice is proactive and supports midwives in their roles
- Continue developing evidence to meet the standards for supervision of midwifery practice

Progress is being steadily made to meet these challenges. The supervisors have been committed to raising the profile of supervision within the NHS Board and continually work to reduce any risks identified through the NMC risk register. NHS Greater Glasgow and Clyde have a Community Engagement Officer who meets with the LSAMO to enable her to profile supervision of midwifery practice amongst the service users. The supervisors also strive to promote supervision of midwifery practice amongst service users. This is ongoing work and continues to be a challenge as demonstrated in this years LSA audit. The supervisors of midwives advertise annually for midwives to undertake the preparation programme and encourage midwives to nominate midwives they think would be good supervisors of midwives. The West of Scotland web site became live in July 2009. The supervisors of midwives show continued commitment to their role in striving to achieve a proactive framework for supervision and meeting the standards for supervision of midwifery practice.

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

This report will be distributed to

- NMC
- Each Supervisor of Midwives
- The LSA /NHS Board
- Maternity Liaison Service Committee
- Clinical Governance Committee
- Any member of the public on request
- West of Scotland LSA website
- Lead Midwives for Midwifery Education
- Head of Midwifery
- Director of Nursing

A web site has also been developed for the West of Scotland LSAs and went live in July 2009. The report will be published on the website which is www.midwiferysupervision-woslsa.scot.nhs.uk.

3. Numbers of Supervisor of Midwives Appointments and Referrals

3.1 There are currently 57 supervisors of midwives in the LSA of Greater Glasgow and Clyde plus one other who is on an 18 month leave of absence. In total 1013 midwives submitted an Intention to Practise form (ITP) by the 31 March 2009 which gives a ratio of 1:17 supervisor of midwives to midwives see table 1 below. This is above the NMC (2004) recommended ratio of 1:15. This was identified as a risk by the NMC in previous annual reports. The ratio of supervisor to midwives is deemed as a risk by the NMC and a risk score of 12 was given to the West of Scotland in following submission of the 2007-2008 annual report in relation to this risk. An alert letter was issued by the NMC based on this risk factor.

The NMC risk register key has been applied to the ratio of supervisors and midwives on 31st March 2009 this can be seen in table 1. Table 2 depicts the number of supervisors of midwives, appointments, resignations and leave of absence for the year 2006-2007, 2007-2008 and display the trends over the last two years. Table 3 provides an up to date position as for July 2009.

Table 1 2008-2009

LSA	Number of Supervisor s of midwives	Number of M/WS	Appointments	Resignations	Leave of Absence	Ratio Of SOM:MW
GGC	57	1013	8	3	1	1:17

Key to Risk Severity

Risk Green=Low Yellow=Moderate Red=High

Table 1 demonstrates that the ratio of supervisor to midwives in Greater Glasgow and Clyde is 1: 18 and is a moderate risk

Table 2 Trends 2006-2008

LSA	Year	Number of SUPERVISORS OF MIDWIVES	Number of Midwives	Appointments	Resignations	Leave of Absence	Ratio SOM:MW
	2007-2008	53	1013	3	3	1	1:19
GGC	2006-07	54	N/A	1	4	0	1.15.5

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 2 displays trends over two years which shows an increase in the ratio of supervisor to midwives over the two years which has reduced marginally in 2008-2009

Table 3 projected ratio up to September 2010

Number of Midwives	Number of supervisors	Ratio	Number of students appointed July 2009 (plus 57)	Ratio	Number of students to commence September 2009	Projected ratio September 2010
1013	57	1:17	4 (61)	1:16	3	1:15

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 3 gives a projection of trends and it is anticipated that the ratio should be 1:15 by 2010

3.2 In an endeavour to ensure a ratio of 1:15 the LSA actively recruits midwives to undertake the preparation programme. There are four link supervisors of midwives and they promote the role of the supervisor within their individual units and also advertise widely within the unit with the assistance of all supervisors of midwives. The Head of Midwifery is also supportive of midwives interested in becoming supervisors of midwives; she facilitates shadowing opportunities for midwives that include funding midwives to attend the West of Scotland Supervisors of Midwives Annual Conference or other events.

The LSAMO Forum UK Guidance recommends that midwives or supervisors nominate midwives who they think would be good supervisors of midwives. Midwives are encouraged to nominate their peers. Last year an advertisement was sent to every midwife in the West of Scotland outlining the skills needed to be supervisors of midwives. Both these factors have stimulated interest in the role of the supervisor of midwives in the LSA.

It is more difficult recruiting in two of the units. The LSAMO held a road show in one of these units in March 2009 to profile the role of the supervisor of midwives amongst the midwives. 27 midwives came forward to meet with the LSAMO.

There has been some success with these strategies as five midwives have been undertaking the preparation programme and four of these were appointed in July 2009. A further three midwives have been recruited to undertake the preparation programme commencing in September 2009 which if all successful will give a ratio of 1:14 by September 2010 this is demonstrated in table 3 above.

Although it is anticipated that the ratio will be met by September 2010, it must be noted that there is a major service redesign taking place in Glasgow at the moment with one unit planned to close early next year. Staff will be reallocated across two of the other units at this time. It is planned to hold more intensive road shows following the implementation of the redesign to promote recruitment of midwives to the role of supervisor of midwives as it is anticipated that recruitment strategies will be more effective when the service redesign has been fully implemented.

3.3 During this year there has been one leave of absence due to the supervisor having a lead midwife role in practice and requiring time out to focus on change management processes in the service redesign. There have been three resignations two of which are due to retirement and one with the supervisor requiring more time to concentrate on her clinical role.

3.4 There have been no removals or suspensions from the role of supervisor of midwives.

3.5 Supervisors of midwives are appointed in accordance with the LSAMO Forum UK Guidance for the selection and appointment of supervisors of midwives. Midwives either self nominate or are nominated by their peers. They are then interviewed by a panel which includes a peer, a supervisor of midwives, an educationalist and the LSAMO. This year the interviews have taken place within

the University of West of Scotland. If they are successful at interview they will then undertake the preparation programme to become a supervisor of midwives. Following successful completion of the course they will then be appointed as a supervisor of midwives to the LSA. When appointed to the LSA all supervisors of midwives are mentored for a minimum of three months.

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

- 4.1** Each midwife in the LSA Greater Glasgow and Clyde has a named supervisor of midwives. All midwives are allocated a supervisor of midwives but are informed that they can choose a different supervisor of midwives if they wish. If they are allocated a supervisor of midwives they are advised they can request a specific supervisor of midwives or request a change of supervisor of midwives. If the preferred supervisors of midwives case load is to full the midwife may have to have a second or third choice.
- 4.2** All midwives whatever their employment status have access to a supervisor of midwives on a 24 hour basis. There is an on call rota for supervisors of midwives which enable midwives to contact a supervisor of midwives at all times. The LSA audit identified that in all the sites all the midwives knew their supervisor of midwives and that they knew how to contact a supervisor of midwives over a 24 hour period. The supervisors of midwives in three of the sites provided evidence of an on call rota in the audit and this was also verified by staff.
- 4.3** In one of the units the supervisors of midwives do not have a full on call rota but have made arrangements for supervisors of midwives to be called out of hours via the switch board. Midwives could identify how to call a supervisor of midwives in this unit and no problems were identified by the staff. This will be audited in the next years audit process.
- 4.4** It was identified in the LSA audit that midwives generally contacted a supervisor of midwives for advice and support if they had been involved in a critical incident. No issues were identified in the LSA audit to indicate that there was a problem with response times between midwives and supervisors of midwives or women and supervisors of midwives.
- 4.5** An audit tool to audit the response times from supervisors of midwives to request from midwives in more detail has been developed and will be audited in a survey as well as in the LSA audit focus groups of 2009-2010.
- 4.6** Each supervisor of midwives meets with his/her supervisees at least once a year to review their practice and any developmental needs.
- 4.7** All supervisors of midwives have a lanyard denoting that they are a supervisor of midwives. This helps to ensure they are easily identifiable to midwives and members of the public.
- 4.8** Student midwives are given the contact details of the name of a supervisor of midwives in three of the four areas in Greater Glasgow and Clyde. In the other

area student midwives have been allocated a supervisor of midwives from within the HEI. This is due to change shortly and student midwives will be allocated a clinically based supervisor of midwives.

- 4.9** During the LSA audit the student midwives could identify with the role of the supervisor of midwives generally. All students reported that if they had a problem in practice they would meet with their personal lecturer in the first instance.

5. *Details of how the practice of midwives is supervised*

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

5.1 *Methods of communication with supervisors of midwives*

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

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

- ***The NMC/LSA Strategic Reference Group***
One of the main functions of this group is to assist in advising the Midwifery Committee on any proposals to make, amend or revoke rules relating to the supervision, practice and education of midwives. The LSAMO is a member of the group and attends any meetings that are held.
- ***The Local Supervising Authority Midwifery Officer Forum UK (LSAMO Forum UK)***
This forum meets every two months and was established to provide all the LSAMOs with support and to also ensure that supervision of midwifery practice is developed and delivered in a consistent manner across the UK.

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

- ***LSAMO meeting with Heads of Midwifery in West of Scotland***

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

- ***West of Scotland Link Supervisor of Midwives (WoSLSM)Forum***

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

The forum considers national strategies and directives from the NMC, Scottish government, or other relevant bodies. Supervisory issues are reviewed and discussed and the forum is used as a platform to implement the strategic direction for supervision of midwifery practice across the West of Scotland. The forum is also used for the sharing of best practice and working through any challenges that may arise. Greater Glasgow and Clyde are represented on this forum by Betty Adair, Diana Clark, Lucy Powls and Margret Leonard.

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

- ***Supervisor of midwives forum in LSA Greater Glasgow and Clyde***

This is held every 2 months and the LSAMO currently chairs this forum. Issues related to supervision are discussed in this meeting.

There is major redesign underway in NHS Greater Glasgow and Clyde at present. The LSAMO and supervisors of midwives have developed an action plan for supervisors of midwives during this time and this is reviewed in each meeting (Appendix 3). The format of the meetings will be reviewed when the service redesign has embedded firmly in the service.

A time out session has been arranged for the supervisors of midwives with an outside facilitator to enhance their skills for supervision in the change process to support them and also the midwives they supervise. This will take place in September 2009 and a follow up session will be arranged 6 months after the change process has taken place.

- ***LSAMO and supervisors of midwives in HEI***

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

- ***Scottish LSAMOS***

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

5.2 How the practice of midwifery is supervised

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

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

Each of these standards is audited annually in the LSA annual audit through a self assessment tool and by questioning supervisors and midwives about their experiences in relation to these standards. All these standards were met by the supervisors of midwives and no significant issues were identified in the audit process.

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

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

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

All midwives have 24 hour access to a supervisor of midwives. As stated earlier one unit does not have a full rota for on call but has made provision that a supervisor of midwives can be contacted. Response times will be monitored closely in the next years annual audit process. If the supervisor of midwives did not meet with her supervisee to undertake an annual review this would generally be due to long term sickness or maternity leave.

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

5.3 Safety of the Public

The NMC (2004) Midwives rules and standards stipulate that the role of the supervisor of midwives is to protect the public by empowering midwives and midwifery students to practise safely and effectively. Therefore to ensure the safety of the public supervisors of midwives may also be required to undertake

supervisory investigations following critical incidents to determine if there is any evidence of poor practice and then put in place relevant programmes to develop a midwife's practice through supervised practice or a programme of developmental support.

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

In each of the Glasgow units a supervisor of midwives sits on the local clinical risk management group and in three of the units the clinical risk manager is also a supervisor of midwives. The supervisors of midwives are encouraged to review incidents where actual or potential harm has happened. The LSAMO is informed and a supervisory investigation takes place.

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

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

The supervisors within NHS Greater Glasgow and Clyde are committed to supervision of midwifery practice and its remit in the protection of the public within the LSA. They work hard in both developing and achieving the standards of supervision. Where there are challenges in practice the supervisors of midwives agree actions seeking the support of the LSAMO when necessary.

5.4 *Intention to Practice Process and Annual Review*

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

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

5.5 Supervisors of Midwives as Leaders

The LSA audit identified that staff see supervisors of midwives as a distinct group and that they are there to support them in their role as midwives. They were not always clear of all the activities undertaken by supervisors of midwives to support them in their role and the supervisors will circulate minutes of meetings to enable staff to have more information on their activities. Where supervisors of midwives worked in the clinical area midwives were more aware of the full range of activities undertaken by supervisor of midwives.

Supervisors of midwives attend a variety of forums. Forums where supervisors of midwives are represented in NHS Greater Glasgow and Clyde include

- Clinical Risk management meetings
- Clinical Effectiveness forums
- Clinical Governance forums
- Maternity framework group
- Maternity Liaison Service Committees
- Educational Curriculum Planning Forums
- GONEC (Gynaecology, Obstetric and Neonatal Effectiveness Committee.)

5.6 LSA Annual audit

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

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

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

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

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

The LSA audits took place on 5th November 2008 in the Princess Royal Maternity Unit, 6th November 2008 in the Queen Mother's Hospital, January 15th 2009 Royal Alexandra Hospital, January 16th Inverclyde Community Maternity Unit and Vale of Leven Community Maternity Unit and the Southern General Hospital on 19th January 2009.

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

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

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

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

5.7 Challenges to effective supervision

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

Other challenges identified by supervisors in this years audit were the need to continue raising the profile of supervision amongst midwives and women. They aim to do this by raising the profile of the remit of the supervisor of midwives with staff and also circulating information from local meetings. The LSAMO also meets with the Community Engagement Officer who has established links with

local consumer groups and can highlight supervision as part of these meetings. Work is also being undertaken to access these focus groups or representatives from them in next years audit process.

Recruitment is proving to be challenging in two of the maternity units. Road shows will take place in these two units early 2010 in an attempt to raise the profile and recruit midwives for the next preparation programme.

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

- 6.1** Service users were invited to take part in the LSA audit process for this year. A training day was held to prepare service users to take part in the audit process this year. The programme for the training day is in the appendices (Appendix 5). Seven women attended the training day in Greater Glasgow and Clyde alongside the community engagement officer. This contributed to raising the profile of supervision amongst some of the service users and generated interest in taking part in the LSA audits. Out of the four key areas in Glasgow there was user representation in the audit team in three of the areas. The Community Engagement Officer also took part in two of the audits in Greater Glasgow and Clyde to enable her to have an insight to the process to talk to consumer groups she accesses throughout the area.
- 6.2** Plans are underway for engaging with consumers in this years audit process and it is envisaged that a focus group will be held with the consumers who attend meetings with the Community Engagement Officer as well as women who are accessing the service at the time of the audit.
- 6.3** In the Community Maternity Units parenting sessions are held and the supervisors of midwives and discuss the role of the supervisor of midwives and LSAMO. In focus groups held during the LSA audit these women could identify with the role of the supervisor of midwives and talk of the role of the LSAMO and name of the LSAMO.
- 6.4** The audit identified that information was available on the role of the supervisor of midwives in various formats for members of the public either in individual leaflets on information for women or paragraphs in Bounty books on local services. Despite these measures it was evident during the audit process that other than the community maternity unit's women did not know about supervision of midwifery practice. Raising the profile of supervision of midwifery practice to women continues to be a target for supervisors of midwives and is an action in the West of Scotland Action Plan and Greater Glasgow and Clyde action plan.

7. Evidence of Engagement with higher education institutions in relation to supervisory input in midwifery education

7.1 The LSAMO and HEI

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

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

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

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

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

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

7.2 *Supervisor of midwives engagement with HEI*

NHS Greater Glasgow and Clyde receives students from Glasgow Caledonian University. The Royal Alexandra Hospital and the two Community Maternity Units the Vale of Leven and Inverclyde receive students from the University of West of Scotland. All the units across the NHS Board have very good links with both Universities. Supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and continuous professional development. Supervisors of midwives are also on curriculum planning teams and undertake lectures on pre registration and post registration programmes. They also ensure that midwives remain updated.

7.3 *Supervisors of Midwives supporting student midwives*

Student midwives in the PRM, SGH AND QMH are given information about the supervisors of midwives. An open event is held every year in one of these sites by supervisors of midwives for student midwives on the role of the supervisor of midwives. Student midwives were part of focus groups during the LSA audits and it was evident that they were conversant with the role of the supervisor of midwives. It was noted that they had varying degrees of knowledge dependant on what year of training they were in. Student midwives are to be allocated the name of supervisor of midwives they may make contact with in these sites.

In the other units RAH VOL and IRH the students are allocated a named supervisor of midwives from within the HEI UWS. This is due to change and student midwives will be allocated a supervisor of midwives from the clinical field.

7.4 *The clinical learning environment for pre-registration student midwives*

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

7.5 *Preparation of Supervisor of Midwives Programmes*

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

To recruit new supervisors adverts listing the skills required to be a supervisor of midwives are circulated to the LSA. Any midwives who are nominated or would like to become a supervisor of midwives may contact the LSAMO directly for information. The applicants then go through the selection process as set out in the LSAMO Forum UK guidance.

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

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

7.6 *University of West of Scotland*

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

Programme leader – Maria Pollard

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

7.7 **Challenges**

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

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

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

7.8 **Ongoing Education for Supervisors of Midwives**

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

This year the sessions were as follows:-

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

Conference fliers can be found in the appendices (Appendix 6).

8. Details of any new policies related to the supervision of midwifery practice

8.1 Guidance for supervisors of midwives

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

8.2 Local Guidance

The LSAMO has also established a guidance group for supervisors of midwives to develop local guidance for supervisors of midwives in the West of Scotland which are being adapted for use for from the North West of England with permission from the LSAMO there. Supervisors of midwives in Lanarkshire are represented on this group. These are under review at present. When the first guidelines have been ratified they will be able to be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk.

Supervisors of midwives in NHS Greater Glasgow and Clyde also contribute to developing local guidelines for midwifery practice that are used within their service. Examples of these are the Homebirth and Water birth guideline.

8.3 Reflection

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

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

9.1 Public Health Issues

NHS Greater Glasgow and Clyde is a combination of urban and rural settings. Within the densely populated areas there are high levels of deprivation and poverty.

There are also high levels of immigrants from Eastern Europe in the area which bring challenges such as late booking for maternity services, poor health status

and language difficulties. All these issues pose risk to women and their children a fact reinforced in the Confidential Enquiry into Maternal and Child Health (2007) Saving Mother's Lives which reports maternal deaths amongst immigrant women from the new member states of the European Union. There are high levels of addiction, and it is estimated that 20,000 children are living in a family with addiction issues. There are also high levels of unemployment in the area and approximately 5,500 Asylum Seekers as estimated 2 years ago.

Supervisors of midwives, alongside the multi disciplinary team, are conscious of this when planning for and delivering maternity care. NHS Greater Glasgow and Clyde has a number of specialist roles to support these vulnerable groups. These are Homelessness Midwife, Teenage Pregnancy Midwife, Asylum Seeker Midwife and Special Needs in Pregnancy (SNIPS) Team.

9.3 Clinical Activity

In NHS Greater Glasgow and Clyde there is a population of 1,190,856 with 65% of children living in the Carstairs's Score Deprivation Categories 6 or 7. There were a total of 16,076 babies born last year. This is an increase of 1% from the previous year. NHS Greater Glasgow and Clyde monitor birth trends continually. Work force planning is underway to manage current capacity issues and also to plan for future management of the service when a major redesign of service is fully implemented by January 2010. This major service redesign involves the closure of Queen Mothers Hospital with services transferring to the Princess Royal Maternity Unit and the Southern General Hospital.

Project planning groups are in place. These include a number of work streams to reorganise services. A supervisor of midwives is represented on each work stream and provides progress reports in NHS Greater Glasgow and Clyde supervisors of midwives forum. The supervisors of midwives have also developed an action plan in relation to the changes taken place and this is reviewed in each meeting (Appendix 3).

One of the units the Princess Royal Maternity Unit has reported increased activity levels which can lead to capacity issues. There are a series of measures being put in place to ease these by the senior management team. These issues have been identified to the LSAMO and supervisors of midwives who also discuss the issues with the on a regular basis with the Head of Midwifery. Measures being put in place are an additional 5.5 WTE midwives to the Labour ward. Relocation of the maternity assessment unit to another floor to divert activity away from the labour ward, and the closure of the birthing unit as activity was low in this area therefore enabling more effective utilisation of staff. A further additional 5 WTE Midwives have been recruited to support the introduction of maternity assessment in advance of the closure of the QMH.

It is planned that the supervisors of midwives will have two half day sessions with an external facilitator to support them in the change process and to give them strategies to support their supervises in this time of transition. There will be a follow on session six months when the changes have been established.

9.4 The RCM recommends a midwife to birth ratio of 1:28 in maternity services. The midwife to birth ratio in Greater Glasgow and Clyde ranges from 1:28 to 1:15.

9.5 Methods of Data Collection

All statistics are collated either manually or supported by maternity information systems. Detailed information on birth trends and clinical activity can be found in the appendices (Appendix 7). This information is submitted to the LSAMO on an annual basis.

The maternity unit has participated in the national Nursing and Midwifery Workload and Workforce planning project and have undertaken Birth-rate Plus and a Professional Judgement Workforce Planning Tool. This work has led to the establishment of a short life working group in Scotland to develop a tool to assist in determining staffing requirements, including those for women with complex needs and for the remote and rural areas unique to Scotland.

9.6 Serious Incident Escalation Policy

The NHS Board has a serious incident policy. There is West of Scotland guidance for supervisors of midwives on reporting and investigating serious untoward incidents. It is the role of the supervisor of midwives to advise the LSAMO if there has been a serious untoward incident. Within the unit serious incidents are reported to the risk manager and then reviewed by the risk management team. A supervisor of midwives sits on this forum. Incidents are discussed in the local supervisors of midwives forum.

9.7 Unit Closures

There have been no unit closures within Greater Glasgow and Clyde. Currently the units do not close to admissions and there are no escalation policies. If problems are identified with capacity or staffing levels these would be reported by the unit coordinator to the Service Manager/Deputy Service Manager who would assess the situation and make recommendations. An incident form would be completed to monitor trends. The Maternity Dashboard concept as recommended by the RCOG is due to be piloted by NHS Greater Glasgow and Clyde.

9.8 Keeping Childbirth Dynamic and Natural

There has been much developmental work undertaken to keep childbirth natural and dynamic throughout Scotland. All areas have appointed Consultant Midwife posts to support this project at local levels and Greater Glasgow and Clyde have two Consultant midwives leading on this project. The project has also involved supervisors of midwives at local levels to support midwives in maximising normal childbirth. This includes supporting midwives in developing midwife led care, appropriate risk assessment of the woman and in relation to the admission CTG and giving midwives skills and confidence in risk assessing all women throughout antenatal intrapartum and postnatal care

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

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

The appeals process is also set out in Guideline G. The guideline can be accessed on www.midwife.org.uk. and www.midwiferysupervisor-woslsa.scot.nhs.uk.

11. Reports on all local supervisory investigations undertaken during the year

11.1 The Local Supervising Authorities in the West of Scotland have guidance in place for supervisors of midwives on the Reporting and Monitoring of Serious Untoward incidents. Each supervisor of midwives has a copy of this guidance. The guidance acts as a reference guide for supervisors of midwives and includes a section to give a guide on what incidents or issues involving midwifery practice should be referred to the LSA. These include the following examples:-

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

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

11.3 It is essential that the team of Supervisors be notified of all serious untoward incidents that involve midwifery practice. This means that there should be a link between the supervisors of midwives and the clinical risk co-ordinator, the complaints co-ordinator and any other relevant personnel within the NHS Board. In Greater Glasgow and Clyde a supervisor of midwives sits on the local clinical risk management forums in each of the four main areas. Three of the clinical risk managers are also supervisors of midwives. There is also a Glasgow wide risk management group called GONEC and a supervisor of midwives sits on this.

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

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

The LSAMO holds workshops for supervisors of midwives on how to conduct a supervisory investigation.

11.6 *Investigations*

There were twelve investigations undertaken in Greater Glasgow and Clyde. Ten were conducted by supervisors of midwives and two were led by the LSAMO during the reporting year. This is an increase from last year and is due to the increased awareness amongst the supervisors of midwives in undertaking investigations irrespective of outcome as a means to ensure that the public are protected.

As a result of the investigations one midwife undertook a period of supervised practice which she successfully completed.

During the process of a supervisory investigation a midwife resigned from the organisation. The recommendation made by the supervisor of midwives was for the midwife to undertake a period of supervised practice. Due to illness the GP advised that due to forthcoming surgery she was not well enough to undertake the programme of supervised practice. The LSAMO will review the situation at the end of the year.

Two midwives undertook a period of developmental support. The other investigations followed on from clinical incidents where there were concerns about midwives practice.

Key trends identified in these investigations were:-

- Failure to maintain adequate records
- Failure in duty of care
- Lack of understanding of responsibility and sphere of practice
- Failure to accept accountability
- Failure to communicate or collaborate effectively with colleagues
- Inadequate observations of mother and/or fetus
- Failure to care appropriately for a woman with Insulin dependent diabetes
- Failure to summon appropriate practitioner for assistance
- Failure to work as part of a team
- Failure to challenge

- Failure to interpret CTG

One or more of these factors were found in each investigation.

11.7 Referrals to NMC

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

- 11.8** There has been one investigation commissioned by an external supervisor of midwives which is not yet completed.

11.9 Trends and Themes

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

11.10 Newly Qualified Midwives

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

11.11 NMC

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

11.12 Maternal Deaths

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

Supervisors of midwives notify the LSA MO If there has been a maternal death and also advise the LSAMO if there have been any midwifery practise issues. During this period there were 6 maternal deaths in Greater Glasgow and Clyde.

These were as follows

Gestation	Cause of Death	Any Midwifery Practice issues identified by SOM
Eight weeks pregnant	Suspected Heart Attack	None identified
Twenty-two weeks gestation	History of severe mental health problems taking medication for this - died when an in patient in mental health unit	None identified
Twenty two weeks gestation	History Sickle Cell Anaemia. Admitted with vaginal bleeding 22 weeks no bleeding seen on admission. Seen by Consultant - ultrasound scan performed - died 2 days later at home. Sudden death at home and DOA at hospital	None identified
Eight weeks postpartum	Meningitis Encephalitis	Awaiting final report
Thirty five weeks gestation	Dissecting aortic aneurysm	None identified
Five months postnatal	Found dead at bottom of block of flats. History of substance misuse	None identified
Thirteen weeks postnatal	Died following episodes of pancreatitis some weeks after birth of baby. History of congenital paraplegia and dislocated hips.	None identified

No midwifery practice issues have been identified by the supervisors of midwives in these cases.

12.0 Conclusion

12.1 This report has demonstrated the steady progress made in Greater Glasgow and Clyde during this reporting year.

Supervisors of Midwives show commitment to striving towards achieving high standards of practice in relation to statutory supervision of midwifery practice. Supervisors of midwives have supported the LSAMO in embedding a strategic and consistent approach for supervision of midwifery practice across the West of Scotland. This contributes to ensuring a safe service for women and their families and also the provision of safe learning environments student midwives.

Supervisors of midwives are supporting the management team in the change management processes in the major redesign underway in NHS Greater Glasgow and Clyde. Supervisors are also committed to supporting midwives through the change process.

12.2 LSA Priorities for 2009-2010

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

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

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

Robert Calderwood
Chief Executive
NHS Greater Glasgow & Clyde

Joy Payne
Local Supervising Authority Midwifery Officer



Signed _____

Signed _____

REFERENCES

Confidential Enquiry into Maternal and Child Health (2007) *Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer 2003-2005* London CEMACH

Local Supervising Authority (2005) *LSA standards for statutory supervision* London

Nursing and Midwifery Council (2004) *Midwives rules and standards* London NMC

Nursing and Midwifery Council (2006) *Standards for the preparation and practice of supervisors of midwives*

Nursing and Midwifery Council (January 2009) *Guidance for the Local Supervising Authority (LSA) Annual report submission to the NMC for practice year 1st April 2008- 31st March 2009*




Appendices

<i>Appendix 1</i>	<i>NMC Risk Score Register</i>
<i>Appendix 2</i>	<i>WoS Risk Score 2007-8</i>
<i>Appendix 3</i>	<i>GGC Action Plan For Organisational Change</i>
<i>Appendix 4</i>	<i>WoS Action Plan</i>
<i>Appendix 5</i>	<i>Training Day Service Users</i>
<i>Appendix 6</i>	<i>Programme WoS SOM Conference Programme Conducting SOM Investigation</i>
<i>Appendix 7</i>	<i>Statistics</i>

NMC Framework Risk Register Key

Consequence/Severity of Impact

Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely - 2	2	4	6	8	10
Remote - 1	1	2	3	4	5

RISK  Low  Moderate  High

1-8 9-15 16-25

Rating consequences and impact

Catastrophic	Critical impact on protection of the public e.g. significant contributor to higher than anticipated unexplained deaths of mothers or infants or, serious injury of mother or baby requiring life-long support. Very difficult and long term to recover.
Major	Major impact on protection of the public or function of the LSA. E.g events which risk public or professional confidence in the respective maternity services or respective LSA/SHA, non-compliance with action plans from various investigating authorities. Medium to long term effect.
Moderate	Significant impact on protection of the public, function of the LSA. E.g. events where co-partners such as Education Providers identify issues in the learning environments for student, where the LSA Framework is unattainable due to closure of education routes for Preparation of SoM Programme. Medium term effect.
Minor	Minor impact, loss, delay, inconvenience e.g. non-compliance with NMC Standard or Guidance. I.e. when appointing an LSAMO, failure to submit an ITP etc, lack of data or evidence to support Investigations or Reports issued by the LSA. Short to medium term effect.
Insignificant	Risk identified with clear mitigation from LSA including management through internal risk framework, clear plans action plans and lines of reportage, etc. Little or no effect.

Rating the likelihood

Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlikely	Could occur at some time
Remote	May occur only in exceptional circumstances

NMC Framework Risk Register						
Ref	Summary of information	Source	Risk	Likelihood	Impact	Risk score
Chief Executive sign off and quality of report						
1	Chief Executive did not sign annual report and no indication that it had been viewed by him/her.	LSA Annual Report	Lack of sign off may mean non-engagement with supervisory function at SHA/board level.	2	8	16 RED
2	Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
3	Inconsistent description of supervision framework described and NMC not assured that an effective and consistent supervisory framework is in place.		Effective and consistent supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
Numbers of Supervisors of Midwives, appointments, resignations and removals						

4	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
5	SoM / MW ratio not stated.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors	4	4	16 RED

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

6	Description of how midwives are provided with continuous access to a SoM not described or variable across LSA and NMC not assured that an effective supervisory framework is in place. E.g. some areas within an LSA may use a 24/7 hour rota and some may use a contact list.	LSA Annual Report	That in an emergency midwives may not have clarity about how to contact a Supervisor of Midwives thereby delaying a decision that may have an influence on the outcome for a mother and baby.	3	4	12 AMBER
7	No evidence that ' <i>continuous access to a SoM</i> ' process is audited so lack of assurance that process is working effectively.	LSA Annual Report	Process may not be working effectively which may have impact during emergency situations (see above).	3	4	12 AMBER

Details of how the practice of midwives is supervised

8	LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public	4	3	12 AMBER
9	No description of ITP process.	LSA Annual Report	Lack of supervisory framework in place and inability to delivery function of supervision.	4	4	16 RED
10	LSA Audit Process stated as not undertaken.	LSA Annual Report	No mechanism in place to assure LSA that supervision is functioning and therefore NMC not assured that effective supervisory framework in place.	5	4	20 RED
Evidence that service users are assisting the LSAMO with the annual audits						
11	Public User Involvement in supervision audits not described.	LSA Annual Report	Lack of user input into development of supervisory framework. Risk in meeting rules and standards.	4	3	12 AMBER
12	Public User Involvement in supervision could be enhanced.	LSA Annual Report	Minimal user input into development of supervisory framework.	2	2	4 GREEN
Evidence of engagement with higher education institutions in relation to supervisory input in to student midwifery education						

13	No evidence of engagement with higher education institutions.	LSA Annual Report	Risk in meeting rules and standards.	4	4	16 RED
14	Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio.	LSA Annual Report QA Framework	Supervisory framework is not pro-active in improving learning environment for student midwives and/or students learning in an inappropriate clinical environment.	4	4	16 RED
Details of any new policies related to the supervision of midwives						
15	No detail of any new policies.	LSA Annual Report	Lack of pro-activity of LSA in supporting supervisors of midwives with policy development.	4	4	16 RED
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						

16	Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.	LSA Annual Report	Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	4	4	16 RED
17	Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery students	3	5	15 AMBER
18	Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER

Details of number of complaints regarding the discharge the Supervisory Function

19	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	3	5	15 AMBER
20	Evidence of up held complaints against the LSA.	LSA Annual Report	That the LSA has been deemed to be in effective in its function to women or midwife (dependent on complaint). There may have been a compromises to protecting the public e.g. due to bullying, harassment or discrimination.	4	4	16 RED
Reports on all local supervising authority investigations undertaken during the year						
21	High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers.	LSA Annual Report	Rules and Standards in relation to investigation leading to supervised practice not being interpreted appropriately/effectively. Risk that midwives being placed on a programme of supervised practice inappropriately.	3	4	12 AMBER
General concerns identified in the NMC framework for reviewing LSAs						

22	Inadequate supervisory framework in place to meet the Midwives Rules and Standards across the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
23	Where a midwife is reported to the NMC for clinical concerns without reference to the supervisory framework.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
24	Where the clinical environment is unsafe for midwife student learning or mentorship is ineffective and not supporting student midwives.	NMC framework for reviewing LSAs	Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER
25	Concerns regarding the function and performance of supervision within the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
26	Poor compliance with recommendations from any investigations reports from either the LSA or other bodies such as the Healthcare Commission.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
27	Concerns of conduct which relate to, for example, bullying, harassment or abuse of power from within the LSA or supervisory framework which may impact upon the function of supervision.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER

APPENDIX 2

West of Scotland LSA risk profile 2007-08

LSA Profile

LSA	West of Scotland Host LSA - Ayrshire and Arran	Chief Executive	Dr Wai – Yin Hatton
LSAMO	Joy Payne	Contact details of LSAMO	Joy.Payne@aaaht.scot.nhs.uk

Numbers of Supervisors of Midwives, appointments, resignations and removals						
28	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER

Score: 12

Date of assessment meeting		Recommendations following assesment meeting	<input type="checkbox"/> To monitor <input type="checkbox"/> To undertake review
Reasons for review to be undertaken		Date for proposed review	

Review complete		Report of review published on NMC website	
Action plan received from NMC		Action plan implementation date	
Follow on actions			

Comments

LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

APPENDIX 3

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009
1. Provide support to midwives and be visible as leaders during organisational change	<ol style="list-style-type: none"> 1. A SOM to be a member of each work stream 2. A SOM to be available to staff 3. SOMS to be briefed on developments to enable cascade of information to staff 4. SOMS to be aware of policies in relation to redeployment 		SOMS to be effective leaders and contribute to effective organisational change	<ol style="list-style-type: none"> 1. Names of SOMS on workstreams Hub & Spokes – Margaret O'Donnell Ultrasound – Anita Kettelhut Daycare/EPAS – Grace Doherty Decommissioning – Debbie MacKinnon High Risk – Di Clark 2. On-call rotas in place for staff to contact a SOM 3. and 4. Policies can be accessed on Staffnet
2. Ensure the provision of a safe maternity service and equity of access for all women	<ol style="list-style-type: none"> 1. A SOM to be a member of each work stream and any steering groups 2. Ensure women informed about service provision through public meetings and liaison with Pauline Cameron 3. Ensure guidance consistent/unified across sites 4. Monitor /audit any practice changes including implementation of KCND pathways 5. Work with managers to determine if escalation policies required in times of peak activity 		Safe maternity services and women able to access care	<ol style="list-style-type: none"> 1. As in objective 1 point 1 2. Information going out via Pauline Cameron to all areas including spokes. Information being circulated to CHCPs, GPs and women. Pauline Cameron provided update to SOMS in June meeting on her role and how she accesses service users . 3. All policies and guidelines reviewed through GONEC –LP leaving so Lesley Shields nominated as new SoM representative on group 4. it was agreed that the Consultant midwives Dorothy Finlay and Sheona Brown who are also SOMS should provide an update in each SOM forum on KCND pathways and any evaluations and audit session to update all SOMS. 5. Service is reviewing use of escalation

				<p>policies and Eleanor Stenhouse will provide updates to SOMS in each forum to update group</p>
<p>3. Ensure midwives have skills to deal with change in practice due to new models of care</p>	<ol style="list-style-type: none"> 1. Each SOM to meet with supervisee and discuss individual needs 2. SOMS to work with managers and ensure training skills analysis undertaken and then implement the training plan 3. Ensure drill workshops in place 4. Ensure staff have induction and orientation programmes to new areas and have opportunity to meet with their SOM at regular intervals for support during change 		<p>Skilled and confident midwives</p>	<ol style="list-style-type: none"> 1. Each SOM will review individual needs of supervisee when review undertaken. 2. Skills inventory circulated by Dorothy Finlay and Sheona Brown that may be used in conjunction with SOMS and managers Need to link Supervision in with any skills analysis 3. SOM sitting on Decommissioning group – Debbie MacKinnon . Supervision to be linked in with induction and orientation programmes. DM to feed back in SOM forums
<p>4. Maintain momentum to achieve national drivers</p>	<ol style="list-style-type: none"> 1. Continue implementing any programmes or drivers 		<p>Ensure service up to date and active participants in national drivers</p>	<ol style="list-style-type: none"> 1. Report back in forums on any national drivers. 2. Dorothy/Sheona – to provide updates on KCND pathways
<p>5. Ensure collaborative working</p>	<ol style="list-style-type: none"> 1. Arrange meetings with staff from other areas 2. Welcome meetings from SOMS to midwives working in new areas 3. Maintain cascade of information from SOMS as well as Communication engagement offices to ensure information regular and consistent 4. Facilitate midwives attending 		<p>Effective team working contributing to safe maternity services</p>	<ol style="list-style-type: none"> 1. and 2 .This should be arranged by link SOMS when staff know final allocation of workplace. For update in August meeting 3. and 4. Update provided to all SoMs by Pauline Cameron 9/6/09 <p>Midwives encouraged to attend team briefs at annual review.</p> <ol style="list-style-type: none"> 5. Staff are having updates via organisation on progress form work streams. The

	<p>team briefings and keep midwives up to date from perspective of supervision as well as managerial perspective</p> <ol style="list-style-type: none"> Issue SOM newsletter to promote the progress from the 8 work streams Work in partnership with staff side representatives and HR and managers 			<p>supervisors have circulated a newsletter with update/information on supervision of midwifery practice.</p> <ol style="list-style-type: none"> SOM represented on Communication work stream and decommissioning work stream and will provide update in next meeting.
6. Relocation of SOMS and midwives across the Glasgow sites	<ol style="list-style-type: none"> Ensure midwives have induction and orientation programmes SOMS to maintain regular meetings with supervisees Arrange meetings between midwives for team building Revise SOM caseload when relocation lists of staff available Review format of on call rotas when relocation lists available 		Skilled staff able to adapt to new work location	<ol style="list-style-type: none"> HR hold this information link soms to determine staff allocation and work on this action point with soms in each unit. Each SOM to meet with supervisee as necessary. Time out session arranged for SOMS in September 2009 with Liz O'Neil facilitator on strategies to support staff through change, with a follow up session next year when change has embedded in. and 5. Link SOMS to rearrange SOM caseloads for January 2010 as soon as list of staff re-allocation finalised. Then to be distributed around units and midwives to give midwives opportunities to meet their new SOM
7. Ensure communication	1. SOM to be member of		Effective communication	Links to e-mail out for a representative

is effective	<p>communication group and involved in communication process</p> <ol style="list-style-type: none"> 2. Ensure midwives know how to access communication through workshops, individual meetings with SOMS , through induction programmes 3. Work with communication officer and invite to SOM meetings 4. IT support 			
8. Ensure guidance and policies in place to support midwives in the work place	<ol style="list-style-type: none"> 1. SOM to sit on guidance /policy groups 2. SOMS to be integral to any clinical governance committees 			
9. Ensure participation with users	<ol style="list-style-type: none"> 1. SOMS to engage with Communication engagement officer Pauline Cameron to maintain links and develop strategy for links with user forums 		Effective communication	<ol style="list-style-type: none"> 1. SOMs reported in meeting that Guidance and policies already in place to support midwives in their practice. SOM sitting on GONEC Lesley Shields 2. SOM sitting on clinical governance committees
10. Work alongside managerial strategies for workforce planning	<ol style="list-style-type: none"> 1. SOMS to be part of any workforce planning work streams 2. Birth rate plus analysis not being used in Scotland and National Planning team has been established 		Collaborative working	<ol style="list-style-type: none"> 1. SOMS on each of the work streams now. Service redesign is being focused to user needs. Update provided by Pauline Cameron who will regularly do this in future . Considering ways to access service users in LSA audit process and may meet all users who access Pauline as well as focus groups on days of audit . Action JP and PC 2. JP sitting on national forum developing workload tools

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
	irrespective of the clinical outcome	JP	Staff time		LSAMO available to provide advice and support	<p>& look at the effectiveness of the process in the WoS by Dec 2009 and link in with any outcomes from NMC road shows and LSAMO Forum UK work stream on investigations</p> <p>LSAMO available to provide advice and support as requested and during all investigations</p>	
2.Raise the profile of statutory supervision of midwives, the role of the supervisor of midwives, the role of the LSAMO and the LSA	Encourage networking across the LSA'S and the sharing of good practice through facilitating sessions for all SOMS and also through the WOS Link SOM'S Forum Implement road	JP All SOMS		Workshops to be rolled out in LSAs where required profiling the role of the SOM	LSA audits identifying verbally that SOMS seen as distinct group. Workshops to be held in and Ayrshire PRM in new year	Workshops undertaken in PRM in March 2009 to promote role of supervisor. Needs further workshops following service redesign that is currently in place	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
	<p>shows for midwives outlining the role of the SOM, the LSAMO and the midwife</p> <p>Create opportunities for midwives to shadow SOMS to have exposure to the role and contribute to succession planning</p> <p>SOMS to sit on relevant committees to represent views via the perspective of statutory supervision of midwifery practice</p> <p>Establish a website for the public to give information on supervision of midwifery practice</p>	<p>All SOMS</p> <p>All SOMS</p>		<p>Midwives to be given opportunities to shadow SOMS when undertaking role</p> <p>SOMS to be represented on Clinical governance committees Risk management forums MLSC</p>	<p>Invitation continues for shadowing opportunities. To be implemented at local levels</p>	<p>as still difficulty in recruiting in this unit.</p> <p>Profile in Ayrshire has been raised with more midwives showing interest in coming forward to become supervisors as 5 individuals will commence September 2009 programme.</p> <p>Circulate minutes/notes of SoM meetings to all midwives in each LSA.</p> <p>SOMS represented on all committees in each LSA.</p> <p>Invitation continues for shadowing opportunities.</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
		JP Link SOMS		Maternity Framework group Educational curriculum planning committees Establish a web site	SOMS continue to be represented on forums In draft format reviewed in December WOS link meeting	Student SOMS to shadow soms in WOS meeting and encourage staff locally to shadow soms Still in draft format to be finalised in July 2009 has been reviewed by WOS SOMS	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
3. Demonstrate the evidence, audit trail, and trend analysis of the standards of statutory supervision and midwifery practice	Undertake an annual audit of supervision of midwifery practice to demonstrate that the standards for supervision of midwifery practice are met across the region Gather evidence within each LSA to demonstrate compliance with the standards to assess and assure quality within each LSA	JP Link SOMS SOMS		LSA Audit process established and implemented 2007-2008 For annual audit across LSAs	LSA audits in process for this year	Audits established for 2009-2010 LSA audit reports available in each LSA for 2008-2009 Each LSA local forums responsible for undertaking any individual actions as required	
4. Increase user involvement in the work of the LSA and the LSAMO	Establish a network for user involvement in supervision across the region Enlist the support of users in undertaking an annual audit of the	JP All SOMS	Travelling expenses and child care expenses for users	Work with NHS Boards and birth groups to recruit users in development of strategies for supervision and also To take part in LSA audits	Users taking part in LSA audit. In liaison with Patient public participation officer in GGC to assess if user participation in audit can be developed such	Explore existing mechanisms for funding user expenses Link SOMS to recruit users in own areas for audit visits. JP will repeat	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
	LSA Provide training sessions for users				as audit team visiting local groups throughout year. For review following completion of this years audit process.	training day for users Look at the use of postal survey to gain women's views LSAMO to provide training sessions dates to be arranged for August/ September 2009	
5.Promote active recruitment and preparation of new SOMS, to ensure standard minimum ratios are maintained, ensuring succession planning	Implement road shows in areas where there is difficulty in recruiting midwives to become a SOM. Create shadowing opportunities Encourage midwives to nominate midwives they feel will be good SOMS	JP Link SOM Forum All SOMS HEIs		Rollout road shows workshops In LSA Give Midwives opportunities to shadow SOMS in meetings	For recruitment in January/ February for September intake for prep course Student SOMS encouraged to take part in LSA audits and all supervisory activities	18 midwives interviewed in May 2009 and 12 undertaking Sept 2009 course Results pending from Sept 2008 programme – to be appointed Sept 2009 To undertake active recruitment in GGC next Feb	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
	Ensure adequate support systems in place for student SOMS and newly appointed SOMS			Guidance in place of buddying system to support student SOMS	All student SOMS have mentor Newly appointed SOMS will have a mentor	All areas to maintain own lists of mentors. Template for maintaining register circulated to all areas June 2009 by JP	
6. Provide opportunities for SOMS to expand their knowledge of the statutory processes and understanding of the role of LSAMO	<p>Ensure SOMS actively contribute to and access up to date information whilst undertaking their role</p> <p>Ensure SOMS can access information from the NMC</p> <p>Provide an annual conference to ensure networking and the sharing of best practice across the LSA'S</p> <p>Provide support to</p>	<p>JP Link SOMS</p> <p> </p> <p>JP Link SOMS</p>	<p>Staff time for training</p> <p>Conference fees</p>	<p>Links established between SOMS and LSAMO.</p> <p>Good links between SOMS and HEIs</p> <p> </p> <p>Conference for SOMS to</p>	<p>Annual conference arranged for February and March 2009</p> <p> </p> <p>Information circulated as received</p> <p>Annual</p>	<p>Annual conference taken place on February 11th and March 11th 2009 on Leadership and the role of the supervisor</p> <p> </p> <p>Supervisory workshops taken place –for SOMS on conducting supervisory investigations September 2008 and April 2009</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
	SOMS as required Develop leadership skills of SOMS	HEIs	 Staff time for training Conference fees	be held annually	conference arranged this conference will be on developing leadership skills as a SOM	more workshops planned for September 2009 and November 2009 Information circulated as received Scottish Conference planned for December 2009 National LSAMO UK conference next April 2010 in Nottingham Each area to put forward good practice seminars WoS conference was on leadership	
7.Ensure registrants understand their responsibilities as registrants from the	Implement road shows across the relevant areas profiling the role of	JP HEIs SOMS Link SOMS		Road shows developed and rolled out. Also SOM role profiled in LSA audits	SOMS continue raising profile of supervision. For workshops in	Focus groups with midwives in the LSA audits of 2008-2009	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
perspective of statutory supervision of midwifery practice including the requirement of the supervisory review	the SOM and the registrant				PRM in new year. LSA audits demonstrating so far that midwives becoming more aware of their responsibilities as registrants in focus groups. LSA audits are contributing to raising the profile of the SOMS	demonstrated an increased awareness in their role & responsibilities as registrants and that of the supervisor. Soms have raised the profile over the last year. Midwives are attending for annual review in areas there were difficulties	
8. Ensure SOMS have adequate time to undertake the function of the role	SOMS to have the equivalent of a day a month to fulfil their role SOMS to monitor time undertaken on supervisory function and to identify any problems in obtaining time	All SOMS Line managers	As per staffing	SOMS to have equivalent of 7.5 hours per month to undertake role Monitor time spent in undertaking role and work on difficulties	SOMS monitor time some report having difficulty taking time. Managers are facilitating time	SOMS monitor time - some report having difficulty taking enough time. Managers are facilitating time. SOMS should report difficulties to line managers Utilisation of SOMs time to be	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
						included in annual audit questionnaire in LSA Audit 2009-2010	
9. Each SOM to audit case records	All SOMS to audit case records and share relevant findings in practice to improve the quality of record keeping	All SOMs		All SOMs to undertake audits of records	To establish record-keeping audit across each LSA. Process in place in GGC and Lanarkshire. Lanarkshire also conduct documentation workshops	Each area reported ongoing audits taking place. These will all be reviewed in LSA Audit 2009-2010	
New actions identified from NMC (2009) Supervision , support and safety on June 11TH 2009						June 2009	
10. Ensure a robust recruitment strategy is in place to ensure there is a ratio of 1:15 in each LSA	Develop a recruitment strategy	WoS guideline group				JAdverts circulated for interviews in February of this year and interviews took place in may 2009. this will take place annually. Workshops are	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
						held in areas where there is difficulty recruiting this has included over the past year Dumfries and Galloway. Princess Royal Maternity unit Greater Glasgow and Clyde and in Ayrshire last year by local SOMS	
11. Audit response times from SOMs to midwives to requests for advice	Develop guideline and audit tool	WoS guideline group				This will be audited in the years LSA audit 2009-2010. In last years audit no problems highlighted by midwives in accessing a SOM	
12. Demonstrate actions taken and evidence of progress in response to risks communicated from NMC. Risk in WOS ratio Som/mw above 1:15 in	Ensure ongoing annual recruitment	All				Recruitment taken place throughout the WOS, 11 soms due to be appointed by August b2009	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
AA GGC DG Some trends identified as risk i.e. poor communication	Cross reference recommendation 5 Ensure action plan in place & implementation	All areas		Ongoing		and further 12 student SOMS to commence preparation programme in September 2009	
13.Feedback concerns to HEI if any concerns in learning environment for student midwives	Ensure focus groups in each LSA audit with Student Midwives	LSAMO		Ongoing		Focus groups held with student midwives in 2008-2009 LSA audits and to be repeated in 2009-2010. LSAMO would feed back any concerns to HEI. LSAMO is going to link with NHS NES PEF to deveop some work around this and also Jean ranksin will feed back minutes of any relevant meetings to LSAMO on student placements	
14. Concerns about newly	Any concerns with	All		Ongoing		Mechanism in	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
registered midwives should be reported	fitness to practice for all registered midwives should be investigated as per guideline L					place to report concerns.	
15. Each LSA/ Region should work collaboratively with organisations that have a safety remit such as SPSA	LSAMO to establish a link	LSAMO		Dec 2009		JP to establish link with SPSA and link into WOS meetings	
16. Each LSA should develop action plans in response to trends impacting adversely on Safety of women and babies using maternity services Ability of midwives to provide safe quality care in the antenatal, intrapartum and postnatal period Ability of midwives to mentor student midwives to ensure competent applicants to the register	Develop action plan to meet local needs as required	All		Ongoing		Action plans to be developed by all links in individual units	
17. LSAs should move to an electronic method of storing supervision related	LSAMO to submit a bid to each NHS Board for funding	LSAMO		July 2009		Bid made to each LSA to share costs of LSA data	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
data that uses a standard dataset agreed by LSAMO UK Forum						base	
18. LSAs should explore working with organisations that have a safety remit, such as the SPSA in order to address the concerns raised in relation to poor practice	Collaboration initiated & maintained Cross reference recommendation 15	LSAMO & all SOMs		Ongoing		LSMAO to establish link with SPSA	

Joy Payne
LSAMO
West of Scotland



SERVICE USER LSA AUDIT WORKSHOP

1- 3pm

**VENUE Queen Mothers Hospital
Parent Craft Room**

LUNCH PROVIDED

Facilitator Joy Payne LSAMO West of Scotland

- | | |
|----------------|--|
| 1.00 pm | Welcome and Introductions |
| 1.15pm | Overview of Statutory Supervision |
| 1.45 pm | Reason for LSA audit visits |
| 2.15 | Proposed time table |
| 2.20 | LSA audit standards |
| 2.30 | Feedback from 2007-2008 LSA audits |
| 2.45 | Group discussion on themes for this year's audit
Ground rules and any questions |



**West of Scotland
Supervisors of Midwives Workshop
Conducting a Supervisory Investigation**

**PROGRAMME
12th September 2008
Venue Beardmore Hotel & Conference Centre
Clydebank
Glasgow**

Facilitated by Joy Kirby LSAMO EoE

Joy Payne LSAMO WoS

09.00- 09.15 Coffee and Registration

0915 -10.30 Introduction and Conducting a Supervisory Investigation

10.30-10.45 Tea Break

10.45-12.30 Fact Finding

12.30-13.15 Lunch

13.30 -15.00 Investigation Interviews

15.00-15.15 Tea break

15.15-17.00 Coming to Conclusions & Making Recommendations



West of Scotland Supervisors of Midwives Conference 2009

February 11th and March 11th

Supervision in Action Midwifery Leadership –Making it happen

Facilitator Liz O'Neill

Welcome and Introductions

Understanding Leadership in a Supervisory Role

Challenges and skills

Influencing and Using Power

Leading Change

Coaching for Development

Communication

Dealing with Conflict

Taking Stock

Planning and Prioritising

HOME BIRTHS						
Number of intentional home births attended by a midwife	5		16	4 (8 booked)	1	1 (3 booked)
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew	21		23		2	3
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	0		0		0	
Total deliveries in the home	26		11		3	4
Number of homes births in water	0		2		0	0
PUBLIC HEALTH DATA						
Number of women initiating breastfeeding	2690		71.1%		44%	48%
Number of women breastfeeding on discharge to Health Visitor (% of total women birthed)	1397 data incomplete		46.65%		29.2%	Not recorded

	due to cross boundary info					
Number of women smokers at time of: booking	1030 Data incomplete		348		226	48%
Delivery	927		N/A		Not recorded	Not recorded
Number of babies born to women under 18 years old (at time of delivery)	261		ISD Awaited		4	2
MATERNITY OUTCOMES DATA						
Number of babies born alive	5858		3418		95	98
Number of stillbirths	38		13	16	0	0
Number of early neonatal deaths (i.e. at 6 days and under)	6		2	11	0	0
Number of late neonatal deaths (i.e. 7 – 28 days)	0		2	0	0	0

INTERVENTIONS						
Planned inductions	1720		590	1030 27%	95	98
Accelerated labours (including ARM and Syntocinon, or both)	1484		N/A	330 9%	0	0
Episiotomies	972		200 SVD Rate = 9.2%		0	0
Epidurals with vaginal births	3090		403=SVD RATE18.7 %		0	0
Epidurals/spinals with caesarean sections	E597 S1191 T1788		98.8%			
Planned caesarean sections	614	443 14.6%	287=8.5%			
Emergency caesarean sections	CS1 203 CS2 559 CS3 374	500 16.5%	501=14.9%		0	0
Total caesarean sections	1750	943		1013 27%	0	0

		31.2%				
Forceps deliveries	507	286 9.4%	788=23.4%	331 9%	1	3
Ventouse deliveries	217	98 3.2%	255=7.5%	175 5%	0	0
Vaginal breech deliveries	23	8 0.26%	104=3.1%	0	0	0
					0	0
FACILITIES						
Type of unit (consultant/midwife/GP)	Consultant	Consultant	Consultant	Consultant CMU	0	0
Total number of maternity beds (including delivery beds)	82 8 Delivery beds		67	70	0	0
Number of obstetric theatres	2		1	2	0	0
Staffed by midwifery staff (other than receiving baby)	Y		Y	Y	1	0
Staff by theatre staff	Y		Y + Anaesthetic staff	N		
High dependency beds	2		HDU on site	4Planned		
Early pregnancy unit	Y		Y	Y	Y	Y

Fetal medicine unit	N	Y	N	N	N	N
Antenatal day assessment unit	Y	Y	Y	Y	Y	Y
Birthing pool	Y	N	Y	Y	Y	Y
Bereavement/quiet room	Y	Y	Y x2	Y	N	Y
Partners accommodation on AN ward	Y	N	N		N	N
Family kitchens	N	N	N	N	N	Y
Security system: Controlled door entry	Y	Y	Y	Y	Y	Y
Baby tagging	N	N	N	N	N	Y
Pressure mattresses	N		N	Y	N	N
Midwife-led beds	Y	N	N	3I/N 6P/N	3	Y
Intrapartum GP care	N	N	N	N	N	N
Transitional care cots	N	N	N	8 Planned	N	N

Some midwives take responsibility for decision making and undertake:

Neurophysiological examination of the newborn	Y	N	Y	Y	Y	Y
Ultrasound scans	Y	Y	Y	Y	Y	Y
Amniocentesis	N	N	N	N	Y	N
Induction of labour by prostaglandin	Y	Y	Y	Y	N	N
by syntocinon	N	Y	Y	N	N	N
Ventouse deliveries	N	N		N	N	N
Forceps deliveries	N	N	N	N	N	N
Six week postnatal examination	N	N	N	N	N	N
Cervical smears	Y	Y	Y	N	N	N
Specialised counselling	Y	Y	Y	Y	Y	Y
External cephalic version	N	N	N	N	N	N



Local Supervising Authority Lanarkshire

Annual Report

1 APRIL 2008- 31 MARCH 2009

**Prepared by Joy Payne
LSA Midwifery Officer
West of Scotland**

July 2009

Content

Section		Page
	Executive summary	3
1	Introduction	4
2	Each local supervising authority will ensure their report is made available to the public	6
3	Numbers of supervisor of midwives appointments, resignations and removals	6
4	Details of how midwives are provided with continuous access to a supervisor of midwives	8
5	Details of how the practice of midwives is supervised	9
6	Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	14
7	Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	14
8	Details of any new policies related to the supervision of midwives	17
9	Evidence of developing trends affecting midwifery practice in the local supervising authority	18
10	Details of the number of complaints regarding the discharge of the supervisory function	20
11	Reports on all local supervising authority investigations undertaken during the year	20
12	Conclusion	23
	References	
	Appendices	

Local Supervising Authority Lanarkshire

Executive Summary

The Local Supervising Authority (LSA) is responsible for ensuring that the statutory supervision of all midwives and midwifery practice as set out in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council (NMC 2004) Midwives rules and standards is carried out to a satisfactory standard for all midwives working within its geographical boundaries.

This report follows the guidance set out by the Nursing and Midwifery Council Guidance for LSA Annual report submission to the NMC for the practice year 1st April 2008-31st March 2009.

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

There are 54 standards contained within the midwives rules and the role of the LSAMO is to ensure the standards are met. A self assessment tool is undertaken within the LSA on an annual basis and any actions required are incorporated into an action plan, which the supervisors of midwives review on a regular basis.

Each midwife is required to have a supervisor of midwives and supervisors of midwives are appointed to the LSA. As set out in the NMC (2004) midwives rules and standards the LSAMO plays a pivotal role in clinical governance by ensuring the standard of supervision of midwifery practice meets that required by the NMC.

This report will provide details on how the statutory requirements are being met in Lanarkshire LSA and where challenges or risks to the function of statutory supervision of midwifery have been identified will demonstrate how they are being mitigated against to ensure that there is a safe standard of care for the public.

Local Supervising Authority Lanarkshire

1. Introduction

This report covers the reporting year 1st April 2008-31st March 2009. This report has been produced to meet the requirements of Rule 16 of the NMC (2004) Midwives rules and standards for the Local; supervising Authority of Lanarkshire. Articles 42 and 43 of the Nursing & Midwifery Order 2001 requires that the practice of midwives to be supervised. The purpose of the statutory supervision of midwives is to protect the public and to support and promote good midwifery practice. The LSA is responsible for ensuring that statutory supervision of midwifery practice is exercised to a satisfactory standard and this is delegated to the Midwifery Officer.

The Local Supervising Authority sits within the NHS Board Lanarkshire. The Chief Executive and LSAMO details are as follows

Local Supervising Authority	Contact Details
LSAMO West of Scotland Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock KA2 0BB Telephone 01563 825757 Email joy.payne@aaaht.scot.nhs.uk
Chief Executive NHS Board Lanarkshire	Tim Davison 14 Beckford St Hamilton ML3 0TA Telephone 01698 206311 Email tim.davison@lanarkshire.scot.nhs.uk

1.1 Standards

In the NMC (2004) Midwives rules and standards there are 54 Standards that should be met by LSAs and supervisors of midwives and a self assessment of the 54 standards will be included in the appendices. Where standards are not met or only partially met action plans have been developed in conjunction with supervisors of midwives to achieve the standard.

1.2 This is the third report since the inception of a fulltime LSAMO in the West of Scotland. There are four LSAs in the West of Scotland. Each Chief Executive in the West of Scotland requires an annual report to enable them to have assurances that there is a robust framework of statutory supervision of midwifery practice within its geographical boundaries. Therefore this report aims to demonstrate how the standards are met with in Lanarkshire and the activities undertaken by the supervisors of midwives to meet those standards.

1.3 Over the past three years the LSAMO has made steady progress alongside the supervisors of midwives in establishing a strategic direction for supervisors of

midwives. This includes the establishment of West of Scotland link supervisors of midwives forum, a process for auditing LSAs throughout the region and a system to notify serious untoward incidents to the LSA. Supervisors of midwives are undertaking investigations when there has been a serious incident to address practice issues and identify systems failures if this contributed to the incident. Guidelines and policies have been reviewed and this year the LSAMO Forum UK Guidance has been adopted in the area to ensure the standard of supervision of midwifery practice is consistent with all other areas in the UK. A website has also been established across the region.

Networks are firmly established throughout the region and there is evidence of progress in achieving the targets set out in the previous annual reports.

1.4 NMC Risk Register

When the annual report is submitted to the NMC they use a risk scoring framework (appendix 1) to assess non compliance with the 54 NMC standards for LSAs. This risk score is applied collectively by the NMC across the four LSAs in the West of Scotland. In the practice year 2006-2007 a risk score of 129 was applied to the West of Scotland. Supervisors of midwives across the area have undertaken much work in ensuring a strategic and consistent approach to statutory supervision of midwifery practice has been implemented across the area as well as ensuring a robust framework is in place in the individual LSA. In the year 2007-2008 a risk score of 12 (appendix 2) was given to the West of Scotland which demonstrates the significant work undertaken by supervisors of midwives to ensure there is a consistent and strategic approach to statutory supervision of midwifery practice.

1.5 The risk identified by the NMC following submission of the annual report is:

SOM/MW ration about 1:20 within individual services or across the LSA

This risk is not applicable to Lanarkshire LSA as there is a ratio of 1:9 in place within the LSA. Therefore based on the NMC risk score effectively this LSA has a risk score of 0.

1.6 Challenges identified for Lanarkshire in last years annual report were identified as :-

- Continue reducing identified risks by the NMC
- Continue raising the profile of supervision of midwifery practice
- Continue to engage with service users
- Ensure West of Scotland LSAs website is live
- Ensure the framework of supervision of midwifery practice is proactive and supports midwives in their roles
- Continue developing evidence to meet the standards for supervision of midwifery practice

Progress is being steadily made in meeting these challenges. No risks were identified for this LSA on application of the NMC risk register. The supervisors are striving to raise the profile of supervision within the organisation and with service users. This is ongoing work and is still a challenge following this years LSA audit. The West of Scotland web site became live in July 2009. The supervisors of midwives show continued commitment to their role in striving to achieve a proactive framework for supervision and meeting the standards for supervision of midwifery practice.

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

This report will be distributed to

- NMC
- Each Supervisor of Midwives
- The LSA /NHS Board
- Maternity Liaison Service Committee
- Clinical Governance Committee
- Any member of the public on request
- West of Scotland LSA website
- NHS Lanarkshire website
- Lead Midwives for Midwifery Education
- Head of Midwifery
- Director of Nursing

NHS Lanarkshire publishes information in relation to statutory supervision of midwifery practice on its website. A web site on statutory supervision of midwifery practice has also been available since July 2009 and can be found on www.midwiferysupervision-woslsa.scot.nhs.uk. The report for the LSA of Lanarkshire will be published on the West of Scotland website.

3. *Numbers of Supervisor of Midwives Appointments and Referrals*

3.1 There are currently 37 supervisors of midwives in Lanarkshire. There is also one other supervisor of midwives who is on a one year's leave of absence.

337 midwives submitted their intention to practice in the reporting year in the LSA. This gives a ratio of 1 Supervisor of Midwives to 9 midwives within the LSA. This is below the recommended ratio by the NMC of 1:15. The Supervisor

of midwives to midwives ratio in the West of Scotland was identified as a risk by the NMC following last year's annual report. However this is not the case for Lanarkshire as the ratio is below the NMC recommendation of 1:15.

The NMC Risk Register Key has been applied to the numbers of supervisors to midwives in table 1 below. Table 2 depicts the number of supervisors of midwives, appointments, resignations and leave of absence for the previous two years.

Table 1 2008-2009

LSA	Number of SOM's	Number of M/WS	Appointments	Resignations	Leave of Absence	Ratio of SOM:MW
L	37	337	2	1	1	1:9

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 1 demonstrates that the ratio of supervisor to midwives in Lanarkshire is 1:9 therefore this is of low risk as applied to the NMC risk register.

Table 2

Year	Number of supervisors of midwives	Number of Midwives	Appointments	Resignations	Leave of Absence	Ratio SOM:MW
2007-2008	38	337	11	1	0	1:9
2006-2007	27		1	4	0	1:15

Table 2 demonstrates that the ratio of supervisor of midwives was also within the NMC ratio in the two preceding years and is therefore low risk as applied to the NMC risk register.

- 3.2** NHS Lanarkshire has a ratio of 1 supervisor to 9 midwives. Since 2006-2007 the supervisors of midwives have made steady progress in attaining a ratio of 1:9. They have maintained this ratio now for the past two years. This ratio is supported by the Director of Nursing in this NHS Board as a standard of best practice due to the proactive nature of statutory supervision in safe guarding the public.
- 3.3** There are no recruitment problems in Lanarkshire. The LSA is now in the position where the demand outstrips the number of available places. Interviews are therefore held on a competitive basis for this LSA.
- 3.4** During this year there has been one leave of absence due to the supervisor taking on a leadership role in clinical practice and requesting time out to enable adjustment to the new role. There has been one resignation due to retirement.
- 3.5** There have been no removals or suspensions from the role of supervisor of midwives.
- 3.6** Supervisors of midwives are appointed in accordance with the LSAMO Forum UK Guidance for the selection and appointment of supervisors of midwives. Midwives either self nominate or are nominated by their peers. They are then interviewed by a panel which includes a peer, a supervisor of midwives, an educationalist and the LSAMO. This year the interviews have taken place within the University of West of Scotland. If the Midwives are successful at interview they will then undertake the preparation programme to become a supervisor of midwives. Following successful completion of the course they will then be appointed as a supervisor of midwives to the LSA. When appointed to the LSA all supervisors of midwives are mentored for a minimum of three months.

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

4.1 Each midwife in the LSA Lanarkshire has a named supervisor of midwives. All midwives are allocated a supervisor of midwives but are informed that they can choose a different supervisor of midwives if they wish. In this years audit process some midwives identified that they did not feel comfortable letting their supervisor of midwives know if they wished to change to another supervisor of midwives. Therefore to facilitate this process the supervisors have developed a new mechanism to support midwives if they wish to change their supervisor of midwives. This involves a letter advising them who their supervisor of midwives is. In future they can inform the link supervisor of midwives in writing if they wish to change their supervisor of midwives.

4.2 There is 24 hour access to a supervisor of midwives and there is an on call rota for supervisors of midwives which enables midwives to contact supervisor of midwives at all times. The LSA audit identified that the rota is known as unit coordinators rota. It was recommended that this rota is called a supervisor of midwives on call rota to minimise any likelihood for potential of confusion between management and supervision. Each Unit Coordinator is a supervisor of midwives and she provides the on call for supervision as set out on this rota. The LSA audit identified that all midwives knew their supervisor of midwives and that they knew how to contact a supervisor of midwives over a 24 hour period. The supervisors of midwives provided evidence of the on call rota in the audit. Although it was clear this was a supervisory rota it would be appropriate for the rota to be called a supervisors of midwives on call rota to ensure a distinction between management and supervision during the on call period.

It was identified in the LSA audit that midwives generally contacted a supervisor of midwives for advice and support if they had been involved in a critical incident. No issues were identified in the LSA audit to indicate that there was a problem with response times between midwives and supervisors of midwives or women and supervisors of midwives.

An audit tool to audit the response times in more detail has been developed and this will be audited in more depth by a survey as well as in the LSA audit focus groups of 2009-2010.

4.3 In this LSA each supervisor of midwives meets with his/her supervises at least once a year to review their practice and any developmental needs.

4.4 All supervisors of midwives have a lanyard denoting that they are a supervisor of midwives. This helps to ensure they are easily identifiable to midwives and members of the public.

4.5 Student midwives are also allocated a supervisor of midwives. During the LSA audit the student midwives could identify who their supervisor of midwives was and all were positive about the role of the supervisor of midwives and the support they could expect in practice when qualified as a midwife. All students reported that if they had a problem in practice they would meet with their personal lecturer in the first instance.

5. Details of how the practice of midwives is supervised

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

5.1 Methods of communication with supervisors of midwives

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

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

- The NMC/LSA Strategic Reference Group - one of the main functions of this group is to assist in advising the Midwifery Committee on any proposals to make, amend or revoke rules relating to the supervision, practice and education of midwives. The LSAMO is a member of the group and attends any meetings that are held.
- The Local Supervising Authority Midwifery Officer Forum UK (LSAMO Forum UK) - this forum meets every 2 months and was established to provide all the LSAMOs across the UK with support. One of the main purposes of this group is to ensure that the supervision of midwifery practice is developed and delivered in a consistent manner across the UK as a whole. There are 16 LSAMOs throughout the UK they have developed a cohesive strategy for the statutory function, with shared principles and the implementation of a common approach to achieving the NMCs standards. The published strategy describes the plan of achievements for the Forum for the next 3 years. This document can be viewed at <http://www.midwife.org.uk/>. Through the strategy the LSAMO Forum aim to ensure that midwives working in any part of the UK can expect the same standard of supervision of midwifery practice.
- A West of Scotland Link Supervisor of Midwives forum which is held every three months. Supervisors from each NHS Board and the HEI the University of the West of Scotland are represented on this forum. This contributes to ensuring a strategic approach for supervision is in place across the west of Scotland and also the promotion of cohesiveness in the approach and planning of supervision from both a clinical and educational perspective.

The forum looks at national strategies and any directives from the NMC or the Scottish government, or other relevant bodies. Supervisory issues are reviewed and discussed. This forum is used for the sharing of best practice and also working through any challenges that may arise. Lanarkshire supervisors of midwives are represented on this forum. Lyn Clyde is currently the Link

Supervisor of Midwives in Lanarkshire. The link supervisors feed information back to their local meetings. They also assist the LSAMO in undertaking the LSA audit and contribute to ensuring an effective communication network throughout the West of Scotland.

- There is a supervisor of midwives forum held in Lanarkshire every 6 weeks. The LSAMO attends this forum on an ad hoc basis. The supervisors feed back from the link forum.. They also hold a workshop in each meeting on current relevant issues to ensure practice is up to date. They also review serious incidents in the forum as a means of promoting best practice through learning from any incidents.
- The three LSAMOS based in Scotland also meet every three months to discuss issues from a Scottish perspective.
- The LSAMO also meets periodically with the Heads of Midwifery in the West of Scotland and this meeting is facilitated by the Executive Nurse Director of the LSAMO host board.
- The LSAMO also meets with supervisors of midwives in the HEI to develop systems and processes to support supervised practice and reflective activities between supervisor of midwives and midwives. As these are developed they will be disseminated to all supervisors of midwives.

5.2 *How the practice of midwifery is supervised*

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

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

Each of these standards is now audited annually in a LSA annual audit through a self assessment tool and by questioning supervisors and midwives about their experiences in relation to these standards.

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

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

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

All midwives have 24 hour access to a supervisor of midwives.

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

5.3 Safety of the Public

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

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

In Lanarkshire a supervisor of midwives sits on the local clinical risk management group and the clinical risk manager is also a supervisor of midwives. The supervisor's review critical incidents in their local forum and if there is an incident where actual or potential harm has happened the LSAMO is informed and a supervisory investigation takes place.

Any trends or themes for practice are also fed back to the local supervisors of midwives forum to ensure the sharing of lessons from the perspective of statutory supervision of midwifery practice and thereby safeguarding the public in practice. This year the supervisors identified concerns with record keeping and accountability and have implemented workshops for midwives to attend. If individual concerns are identified the supervisor of midwives makes an individual action plan with the midwife.

Midwives are also encouraged to attend debriefing sessions with their supervisor of midwives following clinical incidents. The LSA audit identified that not all midwives were conversant with this expectation and the supervisors aim to strengthen this over the next year.

Supervisors of midwives are also instrumental in ensuring on going education for midwives and participate in mandatory training. Supervisors of midwives lead on Obstetric Emergency and documentation study days and ensure midwives attend sessions.

5.4 Local Supervisors of Midwives Forum

The supervisors within the unit are committed to supervision of midwifery practice and its remit in the protection of the public within the LSA. They work hard in both developing and achieving the standards of supervision. They actively develop work streams in their local meetings and where there are challenges in practice the supervisors of midwives agree actions seeking the support of the LSAMO when necessary. Strategies or action plans are also developed locally in the meetings. An example of this is the ongoing work in this area by critically evaluating CEMACH reports and recommendations and mapping this against local practice and guidance.

A Supervisor of midwives acts as the chairperson who is supported by the link supervisor of midwives. The chairperson rotates around all Supervisors and those interested gain experience in this role. An aim of this is to develop leadership skills amongst supervisors of midwives particularly those who are clinically based. This helps ensure equity amongst all supervisors and maintain the non hierarchical approach to supervision but still using it as a developmental tool.

The link supervisor of midwives or a representative attends the West of Scotland Link Supervisor of Midwives forum where ideas are shared and strategies developed for the West of Scotland and the individual LSA.

5.5 Supervisors of Midwives as Leaders

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

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

The LSA audit identified that supervisors of midwives were seen as a distinct group in Lanarkshire. Midwives did not always know the full range of activities undertaken by supervisors of midwives and the supervisors were going to highlight activities undertaken by them in the forthcoming year.

5.6 LSA Annual audit

A consistent process has been established across the West of Scotland over the past two years to ensure that the standards for the supervision of midwifery practice are met in each of the four LSAs in the West of Scotland. A LSA audit takes place annually within the LSA of Lanarkshire.

The LSAMO Forum UK has produced an audit tool which is used by all LSAMOs to audit the standards for the supervision of midwifery practice. This national

audit tool also ensures a consistent approach in auditing the standards for the supervision of midwifery practice.

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

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

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

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

The LSA audit took place in Lanarkshire on 23rd September 2008. Supervisors of midwives are asked to provide evidence prior to the LSA audit visit. Focus groups were also held with midwives, student midwives, service users and managers to triangulate the evidence. A questionnaire was also sent to all supervisors of midwives within the LSA prior to the audit with an excellent response rate. The findings from the survey, the audit and focus groups held during the LSA audit were consistent. This was also found in the LSA audit of the preceding year. The report of the LSA audit was then sent to the Chief Executive and Director of Nursing and to the Supervisors of Midwives.

On the whole the 54 standards were generally met in the LSA Lanarkshire. Where they were not met or partially met or need further development the supervisors of midwives discuss the issues in their meetings and make an action plan for the forthcoming year. There is also a West of Scotland Action Plan that is reviewed every six months in the West of Scotland Link Supervisors of Midwives Forum that has been put in place following audits across the region. Supervisors of midwives update this action plan from a Lanarkshire perspective on a regular basis (appendix 3)

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

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

contribute to ensuring that supervision of midwifery practise is proactive and a gives a framework for the protection of the public.

5.7 Challenges to effective supervision

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

Other challenges identified by supervisors in this years audit were the need to continue raising the profile of supervision amongst midwives and women. They aim to do this by raising the profile of the remit of the supervisor of midwives with staff and also circulating information from local meetings.

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

Service users were invited to take part in the LSA audit process for this year. Two training days were held to prepare service users to take part in the audit process this year. The programme for the training day is in the appendices (appendix 4). In total ten women attended the two sessions. There was representation from Lanarkshire on this day. In Lanarkshire a service user is a member of the supervisors of midwives forum and she represents services users on the audit team. Unfortunately although she attended the training day she was ill on the day of the LSA audit and could not attend at very short notice. Therefore although a user was not represented on the LSA audit team part of the audit team met with service users on the day of the audit to ensure their views were heard.

The audit identified that information was available on the role of the supervisor of midwives in various formats for members of the public either in individual leaflets on information for women or paragraphs in the hospital booklet on local services. Despite these measures it was evident during the audit process that women did not know about supervision of midwifery practice. Raising the profile of supervision of midwifery practice to women continues to be a target for supervisors of midwives and is an action in the West of Scotland Action Plan.

7. Evidence of Engagement with higher education institutions in relation to supervisory input in midwifery education

7.1 The LSAMO and HEI

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

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

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

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

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

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

7.2 *Supervisor of midwives engagement with HEI*

There are very good links between the HEI and supervisors of midwives. Two of the educationalists of UWS based in the Hamilton Campus are supervisors of midwives in the LSA. NHS Lanarkshire receives students from the UWS and has very good links with the University. Supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and continuous professional development. Supervisors of midwives are also on curriculum planning teams and undertake lectures on pre registration and post registration programmes. They also ensure that midwives remain updated.

7.3 *Supervisors of Midwives supporting student midwives*

Each student midwife is allocated a supervisor of midwives. Student midwives were part of focus groups during the LSA audits and it was evident that they were conversant with the role of the supervisor of midwives in the protection of the public.

7.4 *The Clinical Learning environment for pre-registration student midwives*

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

7.5 *Preparation of Supervisor of Midwives Programmes*

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

To recruit new supervisors adverts listing the skills required to be a supervisor of midwives are circulated to the LSA. Any midwives who are nominated or would like to become a supervisor of midwives may contact the LSAMO directly for information. The applicants then go through the selection process as set out in the LSAMO Forum UK guidance.

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

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

7.6 University of West of Scotland

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

Programme leader – Maria Pollard

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

7.7 Challenges

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

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

The LSAMO has worked closely with the UWS to develop workshops on conducting supervisory investigations. These were developed in conjunction

with the LSAMO from East of England who acted in an advisory capacity and conducted a workshop in this area which is subsequently being run every quarter in the West of Scotland. At the present time 10 supervisors from Lanarkshire have attended this workshop. The workshop is also part of the theoretical module on the preparation programme for student supervisors of midwives. This ensures consistency of approach amongst supervisors of midwives. Also as discussed earlier work is also being developed on supervised practice programmes and the development of a directory of competencies.

7.8 Ongoing Education for Supervisors of Midwives

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

This year the sessions were as follows :-

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

Conference fliers can be found in appendix 5.

8. Details of any new policies related to the supervision of midwifery practice

8.1 Guidance for supervisors of midwives

To support supervisors of midwives in their role in supervising midwives practice national guidance has been produced by the LSAMO Forum UK. This National Guidance gives a framework for supervisors of midwives to undertake a consistent approach across the UK in supervising midwives practice. This consistent approach to statutory supervision of midwifery practice contributes to promoting the safety of maternity services through the protection of the public.

The supervisors of midwives in Lanarkshire alongside all supervisors of midwives in the West of Scotland formally adopted the LSAMO Forum UK guidance on February 1st 2009. This guidance can be accessed on www.midwife.org.uk or www.midwiferysupervision-woslsa.scot.nhs.uk . Each supervisor of midwives has also been issued with an individual guidance file.

8.2 Local Guidance

The LSAMO has also established a guidance group for supervisors of midwives to develop local guidance for supervisors of midwives in the West of Scotland

which are being adapted for use for from the North West of England with permission from the LSAMO there. Supervisors of midwives in Lanarkshire are represented on this group. These are under review at present. When the first guidelines have been ratified they will be able to be accessed on www.midwiferysupervision-woslsa.scot.nhs.uk.

Supervisors of midwives in Lanarkshire also contribute to developing local guidelines for midwifery practice that are used within their service. Examples of these are the Homebirth and Maternal death guideline.

8.3 Reflection

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

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

9.1 Public Health Issues

NHS Lanarkshire covers a wide geographical area covering rural areas and densely populated towns. There are high levels of deprivation in this area. There is a mixture of rural areas and densely populated towns. There are high levels of deprivation and high levels of addiction. There are also high levels of immigrants from Eastern Europe in the communities which bring challenges such as late booking for maternity services, poor health status and language difficulties. All these issues pose risk to women and their children.

9.2 There are pockets of deprivation in Lanarkshire with women with mental health issues, substance misuse and other vulnerable women. There are also a growing number of migrants in some of the areas. There are a range of specialist services available and specialist roles to support these vulnerable women and their families.

9.3 Lanarkshire has recruited two substance Misuse Midwives who work closely with staff and develop this service for pregnant women in an effort to maximise the health of the population. There are also plans underway to employ 0.6 of a whole time equivalent midwife in relation to nutrition in pregnant women and obesity as these are areas where it is known that there can be problems in pregnancy or birth. This will help research and take forward this agenda.

9.4 Posts for breastfeeding support workers and an Infant Feeding Advisor have also been introduced in the area and this has had a very positive impact on practice and is aimed as a means to help increase breastfeeding rates.

9.5 Clinical Activity

Lanarkshire has a population of approximately 557,088. There were a total of 5262 babies born within Lanarkshire last year to 5177 women. 4963 women delivered in the previous year which is an increase of 214 deliveries. The increase in births has contributed to the number of capacity issues, and supervisors report that midwives are more likely to call them for support.

- 9.6** NHS Lanarkshire is monitoring future birth trends on a monthly basis and currently the picture looks the same as last year. They are also undertaking work force planning and looking at skill mix and the age profile of midwifery staff. Plans include reviewing the structure and skill mix and they aim to have an 80/20 ratio of trained to untrained staff. This will take place over a number of years based on staff turnover and the current age profile.
- 9.7** There have been changes made in the service to ease capacity issues in the past year and these are the implementation of a triage area and also a realignment of the community areas to mirror image the Primary care areas which aims to enhance multidisciplinary working relationships. Supervisors of midwives have been involved in these processes. The introduction of triage has stopped calls being received in the wards and halved the number of admissions compared to previous year's activity.
- 9.8** The RCM recommends a midwife to birth ratio of 1:28 in maternity services. The midwife to birth ratio in Lanarkshire is 1:21.13.

9.9 *Methods of Data Collection*

Data is collated following a maternity audit and is collated by the clinical effectiveness unit. Although there is an increase in the births NHS Lanarkshire are striving to put mechanisms in place to ensure the safety and protection of women and on the learning environment for students. This includes actively managing sickness absence in the work place which has decreased from 16% to 6 % in a year. An overview of birth trends and clinical outcomes can be found in the appendices (appendix 6). Supervisors of midwives in Lanarkshire review implications for practice in their meetings and also maintain an action plan in relation to the recommendations of CEMACH in an aim to continually improve outcomes for women and their babies.

All statistics are collated within the maternity unit and collated by clinical effectiveness. Information is submitted to the LSAMO on an annual basis.

The maternity unit has participated in the national Nursing and Midwifery Workload and Workforce planning project and have undertaken Birth-rate Plus and a Professional Judgement Workforce planning tool. This work has led to the establishment of a short life working group in Scotland to develop a tool to assist in determining staffing requirements for women with complex needs and for the remote and rural areas unique to Scotland. This work will be used in conjunction with findings from Birth rate plus analysis.

9.10 *Serious Incident Escalation Policy*

There is West of Scotland guidance for supervisors of midwives on reporting and investigating serious untoward incidents. It is the role of the supervisor of

midwives to advise the LSAMO if there has been a serious untoward incident. Within the unit serious incidents are reported to the risk manager and then reviewed by the risk management team. A supervisor of midwives sits on this forum. Incidents are discussed in the local supervisors of midwives forum.

9.11 Unit Closures

There have been no unit closures within Lanarkshire in the reporting year. The unit does not close as they are the only maternity unit in the area. If problems are identified with capacity or staffing levels these would be reported by the unit coordinator to the Service Manager/Deputy Service Manager and supervisor of Midwives on call who would assess the situation and make recommendations according to the Maternity escalation guideline within the unit. An incident form would be completed to monitor trends.

9.12 Keeping Childbirth Dynamic and Natural

There has been much developmental work undertaken to keep childbirth natural and dynamic throughout Scotland. All areas have appointed Consultant Midwife posts to support this project at local levels. The project has also involved supervisors of midwives at local levels to support midwives in maximising normal childbirth. This includes supporting midwives in developing midwife led care, appropriate risk assessment of the woman and in relation to the admission CTG and giving midwives skills and confidence in risk assessing all women throughout antenatal intrapartum and postnatal care.

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

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

The appeals process is also set out in Guideline G. The guideline can be accessed on www.midwife.org.uk.

11. Reports on all local supervisory investigations undertaken during the year

11.1 The Local Supervising Authorities in the West of Scotland have guidance in place for supervisors of midwives on the Reporting and Monitoring of Serious Untoward incidents. Each supervisor of midwives has a copy of this guidance. The guidance acts as a reference guide for supervisors of midwives and includes a section to give a guide on what incidents or issues involving midwifery practice should be referred to the LSA. These include the following examples:-

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

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

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

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

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

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

11.6 Investigations

Three supervisory investigations were conducted by supervisors of midwives during the reporting year.

Out of the three investigations one midwife undertook a period of supervised practice which she successfully completed by March 2009. This programme of supervised practice related to poor record keeping.

Another midwife had a history of impaired competence. A supervisory investigation was conducted and resulted in the midwife undergoing a period of developmental support. The other investigation is still in progress.

Key trends identified in these investigations were:-

- Failure to maintain adequate records
- Failure in duty of care
- Lack of understanding of responsibility and sphere of practice
- Failure to accept accountability
- Failure to communicate or collaborate effectively with colleagues
- Inadequate observations of mother and/or fetus
- Failure to summon appropriate practitioner for assistance

One or more of these factors were found in each investigation.

- 11.7** The LSAMO is maintaining a database on trends and themes identified in supervisory investigations across the four local supervising authorities. As supervisors of midwives undertake supervisory investigations so trends and themes are becoming evident, these are now being shared with supervisors of midwives across the region. This will enable supervisors of midwives to establish strategies to ensure learning takes place within the work place to help prevent repeated incidents.
- 11.8** In Lanarkshire the supervisors of midwives are active in their approach to ensuring lessons are learnt in the work place. They discuss practice issues arising from supervisory investigations in their local meetings. The clinical risk manager who is also a supervisor of midwives also outlines the major risks identified in the clinical risk management meeting in the supervisor of midwives forum.
- 11.9** The supervisors on Lanarkshire have identified that a failure to maintain adequate records and demonstrating accountability in practice are consistent trends. They are therefore undertaking record keeping audits and are holding documentation and accountability workshops for midwives to attend. They also contribute to ensuring obstetric emergency study days are in place for all midwives.
- 11.10** There have been no concerns identified in relation to the competence of newly qualified midwives or in their place of training during this reporting year.
- 11.11** There have been no LSA investigations in Lanarkshire this year and there have been no investigations commissioned by an external supervisor of midwives or LSAMO.
- 11.12** There were no referrals made to the NMC by the LSA in this reporting year. The NMC is contacted for advice on midwifery practice on individual cases as they arise. This could be by telephone, by email, face to face contact or by letter.
- 11.13 *Maternal Deaths***
The definition of maternal death defined by as defined by the Confidential Enquiry into Maternal and Child Health (CEMACH) is the death of a woman while pregnant or up to one year after abortion, miscarriage or birth. Indirect deaths are those relating from previous existing disease. Direct deaths are those resulting from Obstetric complications during pregnancy, labour and the postnatal period.

Supervisors of midwives notify the LSA MO if there has been a maternal death and also advise the LSAMO if there have been any midwifery practice issues. During this period there were two maternal deaths in Lanarkshire. One woman died at 29 weeks gestation and had a rare genetic cardiac condition. The other woman had not attended for any maternity care and had a history of substance misuse. This is still under a multi agency review. There were no midwifery practice issues identified in these cases.

12. Conclusion

This report has demonstrated the steady progress made Lanarkshire during this reporting year.

Supervisors of Midwives have been committed to achieving high standards of practice in relation to statutory supervision of midwifery practice both in Lanarkshire and have supported the LSAMO in embedding a strategic and consistent approach for supervision of midwifery practice across the West of Scotland. This contributes to ensuring a safe service for women and their families and also the provision of safe learning environments student midwives.

LSA Priorities for 2009-2010

- Continue to monitor and reduce any risk as set out in the NMC risk register
- Ensure standards of supervision are met and where they are not develop action plans
- Support leadership development of supervisor of midwives
- Continue to raise the profile of supervision amongst midwives
- Engage with service users
- Develop new guidance for supervisors of midwives as required to support them in their role
- Continue to ensure the safety of the public receiving maternity care through the monitoring of serious untoward incidents.

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

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

Mi Garrison

By Payne

Signed _____

Signed _____

REFERENCES

Confidential Enquiry into Maternal and Child Health (2007) *Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer 2003-2005*
London CEMACH

Local Supervising Authority (2005) *LSA standards for statutory supervision*
London

Nursing and Midwifery Council (2004) *Midwives rules and standards* London
NMC

Nursing and Midwifery Council (2006) *Standards for the preparation and practice of supervisors of midwives*

Nursing and Midwifery Council (January 2009) *Guidance for the Local Supervising Authority (LSA) Annual report submission to the NMC for practice year 1st April 2008- 31st March 2009*




Appendices

<i>Appendix 1</i>	<i>NMC Risk Score Register</i>
<i>Appendix 2</i>	<i>WOS Risk Score 2007-08</i>
<i>Appendix 3</i>	<i>WOS/Lanarkshire Action Plan</i>
<i>Appendix 4</i>	<i>Training Day Service Users</i>
<i>Appendix 5</i>	<i>Programme WoS SOM Conference</i> <i>Programme Conducting SOM Investigation</i>
<i>Appendix 6</i>	<i>Statistics</i>

NMC Framework Risk Register Key

Consequence/Severity of Impact

Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely - 2	2	4	6	8	10
Remote - 1	1	2	3	4	5

RISK  Low  Moderate  High

1-8 9-15 16-25

Rating consequences and impact

Catastrophic	Critical impact on protection of the public e.g. significant contributor to higher than anticipated unexplained deaths of mothers or infants or, serious injury of mother or baby requiring life-long support. Very difficult and long term to recover.
Major	Major impact on protection of the public or function of the LSA. E.g events which risk public or professional confidence in the respective maternity services or respective LSA/SHA, non-compliance with action plans from various investigating authorities. Medium to long term effect.
Moderate	Significant impact on protection of the public, function of the LSA. E.g. events where co-partners such as Education Providers identify issues in the learning environments for student, where the LSA Framework is unattainable due to closure of education routes for Preparation of SoM Programme. Medium term effect.
Minor	Minor impact, loss, delay, inconvenience e.g. non-compliance with NMC Standard or Guidance. I.e. when appointing an LSAMO, failure to submit an ITP etc, lack of data or evidence to support Investigations or Reports issued by the LSA. Short to medium term effect.
Insignificant	Risk identified with clear mitigation from LSA including management through internal risk framework, clear plans action plans and lines of reportage, etc. Little or no effect.

Rating the likelihood

Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlikely	Could occur at some time
Remote	May occur only in exceptional circumstances

NMC Framework Risk Register

Ref	Summary of information	Source	Risk	Likelihood	Impact	Risk score
Chief Executive sign off and quality of report						
1	Chief Executive did not sign annual report and no indication that it had been viewed by him/her.	LSA Annual Report	Lack of sign off may mean non-engagement with supervisory function at SHA/board level.	2	8	16 RED
2	Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
3	Inconsistent description of supervision framework described and NMC not assured that an effective and consistent supervisory framework is in place.		Effective and consistent supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
Numbers of Supervisors of Midwives, appointments, resignations and removals						

Ref	Summary of information	Source	Risk	Likelihood	Impact	Risk score
4	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
5	SoM / MW ratio not stated.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors	4	4	16 RED

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

6	Description of how midwives are provided with continuous access to a SoM not described or variable across LSA and NMC not assured that an effective supervisory framework is in place. E.g. some areas within an LSA may use a 24/7 hour rota and some may use a contact list.	LSA Annual Report	That in an emergency midwives may not have clarity about how to contact a Supervisor of Midwives thereby delaying a decision that may have an influence on the outcome for a mother and baby.	3	4	12 AMBER
7	No evidence that ' <i>continuous access to a SoM</i> ' process is audited so lack of assurance that process is working effectively.	LSA Annual Report	Process may not be working effectively which may have impact during emergency situations (see above).	3	4	12 AMBER

Details of how the practice of midwives is supervised

8	LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public	4	3	12 AMBER
9	No description of ITP process.	LSA Annual Report	Lack of supervisory framework in place and inability to delivery function of supervision.	4	4	16 RED
10	LSA Audit Process stated as not undertaken.	LSA Annual Report	No mechanism in place to assure LSA that supervision is functioning and therefore NMC not assured that effective supervisory framework in place.	5	4	20 RED

Evidence that service users are assisting the LSAMO with the annual audits						
11	Public User Involvement in supervision audits not described.	LSA Annual Report	Lack of user input into development of supervisory framework. Risk in meeting rules and standards.	4	3	12 AMBER
12	Public User Involvement in supervision could be enhanced.	LSA Annual Report	Minimal user input into development of supervisory framework.	2	2	4 GREEN
Evidence of engagement with higher education institutions in relation to supervisory input in to student midwifery education						
13	No evidence of engagement with higher education institutions.	LSA Annual Report	Risk in meeting rules and standards.	4	4	16 RED
14	Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio.	LSA Annual Report QA Framework	Supervisory framework is not pro-active in improving learning environment for student midwives and/or students learning in an inappropriate clinical environment.	4	4	16 RED
Details of any new policies related to the supervision of midwives						
15	No detail of any new policies.	LSA Annual Report	Lack of pro-activity of LSA in supporting supervisors of midwives with policy development.	4	4	16 RED
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						

16	Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.	LSA Annual Report	Role of supervisory framework unclear. Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	4	4	16 RED
17	Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery students	3	5	15 AMBER
18	Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission.	LSA Annual Report	Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care. Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER

Details of number of complaints regarding the discharge the Supervisory Function

19	No description of complaints process or number of complaints.	LSA Annual Report	Possibility that complaints process is not in place or is not robust.	3	5	15 AMBER
20	Evidence of up held complaints against the LSA.	LSA Annual Report	That the LSA has been deemed to be in effective in its function to women or midwife (dependent on complaint). There may have been a compromises to protecting the public e.g. due to bullying, harassment or discrimination.	4	4	16 RED
Reports on all local supervising authority investigations undertaken during the year						
21	High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers.	LSA Annual Report	Rules and Standards in relation to investigation leading to supervised practice not being interpreted appropriately/effectively. Risk that midwives being placed on a programme of supervised practice inappropriately.	3	4	12 AMBER
General concerns identified in the NMC framework for reviewing LSAs						

22	Inadequate supervisory framework in place to meet the Midwives Rules and Standards across the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
23	Where a midwife is reported to the NMC for clinical concerns without reference to the supervisory framework.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
24	Where the clinical environment is unsafe for midwife student learning or mentorship is ineffective and not supporting student midwives.	NMC framework for reviewing LSAs	Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER
25	Concerns regarding the function and performance of supervision within the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
26	Poor compliance with recommendations from any investigations reports from either the LSA or other bodies such as the Healthcare Commission.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
27	Concerns of conduct which relate to, for example, bullying, harassment or abuse of power from within the LSA or supervisory framework which may impact upon the function of supervision.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER

APPENDIX 3

**West of Scotland Action Plan
2009-**

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
1.Demonstrate the role of statutory supervision of midwives interface within the clinical governance frameworks in each LSA	<p>Ensure links with clinical governance networks within the LSA'S</p> <p>Ensure untoward incidents are reported to the LSA and that there is a mechanism in place to guide SOMS in reporting incidents that may impact on women to the LSA</p> <p>Provide Advice and support to SOMS in the investigation of practice concerns and or where sub optimal practice is alleged , irrespective of the</p>	<p>JP All SOMS</p> <p>All SOMS</p>	Staff time	<p>July 2008 SOMS on clinical risk management committees</p> <p>West of Scotland guidance for reporting serious untoward incidents published and circulated for effect 1/4/08</p>	<p>December 2008</p> <p>Process in place and investigations are being reported. Need to firm up process to trigger SOM investigation When required</p>	<p>SOMS continue to be represented on clinical risk management committees</p> <p>Untoward incidents are reported to LSA by SOMS . LSAMO is collating a spreadsheet of any incidents reported to LSA to ensure themes shared to prevent similar occurrences</p> <p>Action Review trigger list</p>	<p>SOMS represented on all clinical risk and clinical governance groups in maternity services</p> <p>Incidents reported to LSA and we now have experience of a number of joint SOM / Management investigations Action plans developed following serious incidents</p>

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
	clinical outcome	JP	Staff time		LSAMO available to provide advice and support	<p>& look at the effectiveness of the process in the WoS by Dec 2009 and link in with any outcomes from NMC road shows and LSAMO Forum UK work stream on investigations</p> <p>LSAMO available to provide advice and support as requested and during all investigations</p>	<p>Many SOMs attended SOM investigation workshop and NMC roadshows</p> <p>SOMs involved in local risk management processes and actively involved in supporting good practice and recognising poor practice within local maternity services</p>
2.Raise the profile of statutory supervision of midwives, the role of the supervisor of midwives, the role of the LSAMO and the LSA	Encourage networking across the LSA'S and the sharing of good practice through facilitating sessions for all SOMS and also through the WOS Link SOM'S Forum	JP All SOMS		Workshops to be rolled out in LSAs where required profiling the role of the SOM	LSA audits identifying verbally that SOMS seen as distinct group. Workshops to be held in and Ayrshire PRM in new year	Workshops undertaken in PRM in March 2009 to promote role of supervisor. Needs further workshops following service redesign that is currently in place	<p>Low midwife to supervisor ratios</p> <p>Plans for NMC document to be available for every women</p> <p>Opportunity for midwives to</p>

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
	<p>Implement road shows for midwives outlining the role of the SOM, the LSAMO and the midwife</p> <p>Create opportunities for midwives to shadow SOMS to have exposure to the role and contribute to succession planning</p> <p>SOMS to sit on relevant committees to represent views via the perspective of statutory supervision of midwifery practice</p> <p>Establish a website for the public to give information on supervision of midwifery practice</p>	<p>All SOMS</p> <p>All SOMS</p>		<p>Midwives to be given opportunities to shadow SOMS when undertaking role</p> <p>SOMS to be represented on Clinical governance committees Risk management forums MLSC</p>	<p>Invitation continues for shadowing opportunities. To be implemented at local levels</p>	<p>as still difficulty in recruiting in this unit.</p> <p>Profile in Ayrshire has been raised with more midwives showing interest in coming forward to become supervisors as 5 individuals will commence September 2009 programme.</p> <p>Circulate minutes/notes of SoM meetings to all midwives in each LSA.</p> <p>SOMS represented on all committees in each LSA.</p> <p>Invitation continues for shadowing opportunities. Student SOMS to</p>	<p>attend local SOM forum as a development opportunity</p> <p>SOMS developed lead and deliver documentation study day</p> <p>Increased involvement of SOMs in investigating incidents</p> <p>NHSL to develop local information for the web site</p>

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
		JP Link SOMS		Maternity Framework group Educational curriculum planning committees Establish a web site	SOMS continue to be represented on forums In draft format reviewed in December WOS link meeting	shadow soms in WOS meeting and encourage staff locally to shadow soms Still in draft format to be finalised in July 2009 has been reviewed by WOS SOMS	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
3.Demonstrate the evidence, audit trail, and trend analysis of the standards of statutory supervision and midwifery practice	Undertake an annual audit of supervision of midwifery practice to demonstrate that the standards for supervision of midwifery practice are met across the region Gather evidence within each LSA to demonstrate compliance with the standards to assess and assure quality within each LSA	JP Link SOMS SOMS		LSA Audit process established and implemented 2007-2008 For annual audit across LSAs	LSA audits in process for this year	Audits established for 2009-2010 LSA audit reports available in each LSA for 2008-2009 Each LSA local forums responsible for undertaking any individual actions as required	LSA audits and collation of maternity service data firmly established

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
4. Increase user involvement in the work of the LSA and the LSAMO	<p>Establish a network for user involvement in supervision across the region</p> <p>Enlist the support of users in undertaking an annual audit of the LSA</p> <p>Provide training sessions for users</p>	JP All SOMS	Travelling expenses and child care expenses for users	Work with NHS Boards and birth groups to recruit users in development of strategies for supervision and also To take part in LSA audits	Users taking part in LSA audit. In liaison with Patient public participation officer in GGC to assess if user participation in audit can be developed such as audit team visiting local groups throughout year. For review following completion of this years audit process.	<p>Explore existing mechanisms for funding user expenses</p> <p>Link SOMS to recruit users in own areas for audit visits. JP will repeat training day for users</p> <p>Look at the use of postal survey to gain women's views</p> <p>LSAMO to provide training sessions dates to be arranged for August/ September 2009</p>	<p>User representative on local Supervisors of Midwives Forum</p> <p>Plans for NMC document to be available for all women</p>
5. Promote active recruitment and preparation of new SOMS, to ensure standard minimum ratios are maintained, ensuring succession planning	Implement road shows in areas where there is difficulty in recruiting midwives to become a SOM.	JP Link SOM Forum All SOMS HEIs		<p>Rollout road shows workshops In LSA</p> <p>Give Midwives opportunities to shadow SOMS in meetings</p>	For recruitment in January/ February for September intake for prep course	18 midwives interviewed in May 2009 and 12 undertaking Sept 2009 course Results pending from Sept 2008	Local ratio of 1:9 with ongoing recruitment for succession planning purposed to ensure low ratio

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
	<p>Create shadowing opportunities</p> <p>Encourage midwives to nominate midwives they feel will be good SOMS</p> <p>Ensure adequate support systems in place for student SOMS and newly appointed SOMS</p>			Guidance in place of buddying system to support student SOMS	<p>Student SOMS encouraged to take part in LSA audits and all supervisory activities</p> <p>All student SOMS have mentor</p> <p>Newly appointed SOMS will have a mentor</p>	<p>programme – to be appointed Sept 2009 To undertake active recruitment in GGC next Feb</p> <p>All areas to maintain own lists of mentors. Template for maintaining register circulated to all areas June 2009 by JP</p>	can be maintained
6. Provide opportunities for SOMS to expand their knowledge of the statutory processes and understanding of the role of LSAMO	<p>Ensure SOMS actively contribute to and access up to date information whilst undertaking their role</p> <p>Ensure SOMS can access information from the NMC</p>	JP Link SOMS		Links established between SOMS and LSAMO. Good links between SOMS and HEIs	Annual conference arranged for February and March 2009	Annual conference taken place on February 11th and March 11th 2009 on Leadership and the role of the supervisor	<p>Local SOM attendance at NMC roadshows</p> <p>Workshops at local meetings</p> <p>Attendance at regional and</p>

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
	<p>Provide an annual conference to ensure networking and the sharing of best practice across the LSA'S Provide support to SOMS as required</p> <p>Develop leadership skills of SOMS</p>	<p>JP Link SOMS HEIs</p>	<p>Staff time for training Conference fees</p> <p>Staff time for training Conference fees</p>	<p>Conference for SOMS to be held annually</p>	<p>Information circulated as received</p> <p>Annual conference arranged this conference will be on developing leadership skills as a SOM</p>	<p>Supervisory workshops taken place –for SOMS on conducting supervisory investigations September 2008 and April 2009 more workshops planned for September 2009 and November 2009</p> <p>Information circulated as received</p> <p>Scottish Conference planned for December 2009</p> <p>National LSAMO UK conference next April 2010 in Nottingham Each area to put forward good practice seminars</p>	<p>national study days</p> <p>Attendance by local SOMs at National UK LSA conference</p>

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
						WoS conference was on leadership	
7.Ensure registrants understand their responsibilities as registrants from the perspective of statutory supervision of midwifery practice including the requirement of the supervisory review	Implement road shows across the relevant areas profiling the role of the SOM and the registrant	JP HEIs SOMS Link SOMS		Road shows developed and rolled out. Also SOM role profiled in LSA audits	SOMS continue raising profile of supervision. For workshops in PRM in new year. LSA audits demonstrating so far that midwives becoming more aware of their responsibilities as registrants in focus groups. LSA audits are contributing to raising the profile of the SOMS	Focus groups with midwives in the LSA audits of 2008-2009 demonstrated an increased awareness in their role & responsibilities as registrants and that of the supervisor. Soms have raised the profile over the last year. Midwives are attending for	Discussed and recorded as part of annual review discussion

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
						annual review in areas there were difficulties	
8. Ensure SOMS have adequate time to undertake the function of the role	<p>SOMS to have the equivalent of a day a month to fulfil their role</p> <p>SOMS to monitor time undertaken on supervisory function and to identify any problems in obtaining time</p>	All SOMS Line managers	As per staffing	<p>SOMS to have equivalent of 7.5 hours per month to undertake role</p> <p>Monitor time spent in undertaking role and work on difficulties</p>	SOMS monitor time some report having difficulty taking time. Managers are facilitating time	<p>SOMS monitor time - some report having difficulty taking enough time. Managers are facilitating time. SOMS should report difficulties to line managers</p> <p>Utilisation of SOMs time to be included in annual audit questionnaire in LSA Audit 2009-2010</p>	The service supports a minimum of 7.5hrs per month. Monthly returns completed by all supervisors and monitored by link SOM. Any issues are raised with Service Manager to ensure time is facilitated.
9. Each SOM to audit case records	All SOMS to audit case records and share relevant findings in practice to improve the quality of record keeping	All SOMs		All SOMs to undertake audits of records	To establish record-keeping audit across each LSA. Process in place in GGC and Lanarkshire. Lanarkshire also conduct documentation	Each area reported ongoing audits taking place. These will all be reviewed in LSA Audit 2009-2010	Undertaken as part of annual review discussion. In addition designated SOMs are allocated to undertake ongoing case

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
					workshops		note reviews on behalf of the supervisors.
New actions identified from NMC (2009) Supervision , support and safety on June 11TH 2009						June 2009	
10. Ensure a robust recruitment strategy is in place to ensure there is a ratio of 1:15 in each LSA	Develop a recruitment strategy	WoS guideline group				JAdverts circulated for interviews in February of this year and interviews took place in may 2009. this will take place annually. Workshops are held in areas where there is difficulty recruiting this has included over the past year Dumfries and Galloway. Princess Royal Maternity unit Greater Glasgow and Clyde and in Ayrshire last year by local SOMS	Current ratio 1:9 with robust succession planning strategy to maintain low ratio

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
11. Audit response times from SOMs to midwives to requests for advice	Develop guideline and audit tool	WoS guideline group				This will be audited in the years LSA audit 2009-2010. In last years audit no problems highlighted by midwives in accessing a SOM	SOM available 24/7 via Wishaw switchboard. All Supervisees given contact details of own supervisor
12. Demonstrate actions taken and evidence of progress in response to risks communicated from NMC. Risk in WOS ratio Som/mw above 1:15 in AA GGC DG Some trends identified as risk i.e. poor communication	Ensure ongoing annual recruitment Cross reference recommendation 5 Ensure action plan in place & implementation	All All areas		Ongoing		Recruitment taken place throughout the WOS, 11 som's due to be appointed by August 2009 and further 12 student SOMS to commence preparation programme in September 2009	Local ratio 1:9 Individual incidents and trends /lessons learned from incidents discussed at local SOM forum
13. Feedback concerns to HEI if any concerns in learning environment for student midwives	Ensure focus groups in each LSA audit with Student Midwives	LSAMO		Ongoing		Focus groups held with student midwives in 2008-2009 LSA audits and to be repeated in 2009-2010. LSAMO would	SOM attends local Clinical Board for maternity services. This is a joint education, student, midwife and service

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
						<p>feed back any concerns to HEI.</p> <p>LSAMO is going to link with NHS NES PEF to develop some work around this and also Jean Rankin will feed back minutes of any relevant meetings to LSAMO on student placements</p>	meeting where issues relating to midwifery education are discussed
14. Concerns about newly registered midwives should be reported	Any concerns with fitness to practice for all registered midwives should be investigated as per guideline L	All		Ongoing		Mechanism in place to report concerns.	Mechanism in place through risk management structure at which SOM attends
15. Each LSA/ Region should work collaboratively with organisations that have a safety remit such as SPSA	LSAMO to establish a link	LSAMO		Dec 2009		JP to establish link with SPSA and link into WOS meetings	SOMs involved in the roll out of SPSP programme in maternity services
16. Each LSA should develop action plans in response to trends	Develop action plan to meet local needs as required	All		Ongoing		Action plans to be developed by all links in	Risk registers in place and action plans developed

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSL Position
<p>impacting adversely on Safety of women and babies using maternity services</p> <p>Ability of midwives to provide safe quality care in the antenatal, intrapartum and postnatal period</p> <p>Ability of midwives to mentor student midwives to ensure competent applicants to the register</p>						individual units	to mitigate risk. SOM represented in development
17. LSAs should move to an electronic method of storing supervision related data that uses a standard dataset agreed by LSAMO UK Forum	LSAMO to submit a bid to each NHS Board for funding	LSAMO		July 2009		Bid made to each LSA to share costs of LSA data base	NHS Lanarkshire are supportive of the purchase of LSA database
18. LSAs should explore working with organisations that have a safety remit, such as the SPSA in order to address the concerns raised in relation to poor practice	Collaboration initiated & maintained Cross reference recommendation 15	LSAMO & all SOMs		Ongoing		LSMAO to establish link with SPSA	Local maternity services actively involved in SPSP process

Joy Payne
LSAMO
West of Scotland



SERVICE USER LSA AUDIT WORKSHOP

1- 3pm

**VENUE Queen Mothers Hospital
Parent Craft Room**

LUNCH PROVIDED

Facilitator Joy Payne LSAMO West of Scotland

- | | |
|----------------|--|
| 1.00 pm | Welcome and Introductions |
| 1.15pm | Overview of Statutory Supervision |
| 1.45 pm | Reason for LSA audit visits |
| 2.15 | Proposed time table |
| 2.20 | LSA audit standards |
| 2.30 | Feedback from 2007-2008 LSA audits |
| 2.45 | Group discussion on themes for this year's audit
Ground rules and any questions |



West of Scotland Supervisors of Midwives Conference 2009

February 11th and March 11th

Supervision in Action Midwifery Leadership –Making it happen

Facilitator Liz O'Neill

Welcome and Introductions

Understanding Leadership in a Supervisory Role

Challenges and skills

Influencing and Using Power

Leading Change

Coaching for Development

Communication

Dealing with Conflict

Taking Stock

Planning and Prioritising



**West of Scotland
Supervisors of Midwives Workshop
Conducting a Supervisory Investigation**

**PROGRAMME
12th September 2008
Venue Beardmore Hotel & Conference Centre
Clydebank
Glasgow**

Facilitated by Joy Kirby LSAMO EoE

Joy Payne LSAMO WoS

09.00- 09.15 Coffee and Registration

0915 -10.30 Introduction and Conducting a Supervisory Investigation

10.30-10.45 Tea Break

10.45-12.30 Fact Finding

12.30-13.15 Lunch

13.30 -15.00 Investigation Interviews

15.00-15.15 Tea break

15.15-17.00 Coming to Conclusions & Making Recommendations

STATISTICS FOR WISHAW MATERNITY UNIT

1 April 2007 – 31 March 2008

STATISTICS FOR WISHAW**MATERNITY UNIT**

1 April 2008 – 31 March 2009

CLINICAL ACTIVITY	
Total women delivered	5177
Total delivered in the hospital	5113
Total number of babies born	5262
Number of hospital births in water	30
Deliveries in community maternity units Stand alone	0
Within main unit	5113
Total number of women booked under midwife-led care (Taken as a % of deliveries)	We do not have a years worth of data.
Total number of women transferred to consultant care	We do not have a years worth of data.
Are you able to monitor reasons for transfer?	We do not have a years worth of data.
Number of intentional home births attended by a midwife	54
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew	BBA 29
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	0
Total deliveries in the home	27
Number of homes births in water	3
Number of women initiating breastfeeding	1384 (26.7% - Missing Data = 29%)
Number of women breastfeeding on discharge to Health Visitor (% of total women birthed)	965 (18.6% Missing Data = 29%)

Number of women smokers at time of: booking	395
Delivery	395
Number of babies born to women under 18 years old (at time of delivery)	140
MATERNITY OUTCOMES DATA	
Number of babies born alive	5237
Number of stillbirths	25
Number of early neonatal deaths (i.e. at 6 days and under)	4
Number of late neonatal deaths (i.e. 7 – 28 days)	3

INTERVENTIONS	
Planned inductions	868
Accelerated labours (including ARM and Syntocinon, or both)	2125
Episiotomies	677
Epidurals with vaginal births	584
Epidurals/spinals with caesarean sections	
Planned caesarean sections	460

Emergency caesarean sections	910
Total caesarean sections	1370
Forceps deliveries	435
Ventouse deliveries	110
Vaginal breech deliveries	18

FACILITIES	
Type of unit (consultant/midwife/GP)	All consultant led
Total number of maternity beds (including delivery beds)	86
Number of obstetric theatres	2
Staffed by midwifery staff (other than receiving baby)	0
Staff by theatre staff	2
High dependency beds	No specific high dependency beds
Early pregnancy unit	6
Fetal medicine unit	N/A
Antenatal day assessment unit	4 DAU's
Birthing pool	2
Bereavement/quiet room	1
Partners accommodation on AN ward	As required
Family kitchens	0
Security system: Controlled door entry	Yes
Baby tagging	Yes

Pressure mattresses	No
Midwife-led beds	0
Intrapartum GP care	0
Transitional care cots	0

SOME MIDWIVES TAKE RESPONSIBILITY FOR DECISION MAKING AND UNDERTAKE:	
Neurophysiological examination of the newborn	40 Trained 30 competent
Ultrasound scans	1
Amniocentesis	0
Induction of labour by prostaglandin	All midwives
by syntocinon	All midwives
Ventouse deliveries	0
Forceps deliveries	0
Six week postnatal examination	0
Cervical smears	0
Specialised counselling	0
External cephalic version	0

Rule No.	Rule Description	Met	Partially Met	Not Met	Comments
4	Notifications by Local Supervising Authority				
	In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:				
	* Publish annually the name and address of the person to whom the notice must be sent	Y			
	* Publish annually the date by which it must receive intention to practise forms from midwives in its area	Y			
	* Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year	Y			
	* Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month	Y			
5	Suspension from Practice by a Local Supervising Authority				
	To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:				
	* Publish how it will investigate any alleged impairment of a midwife's fitness to practise	Y			
	* Publish how it will determine whether or not to suspend a midwife from practice	Y			
	* Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority	Y			
	* Publish the process for appeal against any decision	Y			

9	Records			
	To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:			
	* Publish local procedures for the transfer of midwifery records from self-employed midwives	Y		
	* Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity	Y		
	* Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years	Y		
	* Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years	Y		
	* Publish local procedures for retention and transfer of records relating to statutory supervision	Y		
11	Eligibility for Appointment as a Supervisor of Midwives			
	In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:			
	* Publish their policy for the appointment of any new supervisor of midwives in their area	Y		
	* Maintain a current list of supervisors of midwives	Y		
	* Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 61/2 hours annually	Y		

12	The Supervision of Midwives			
To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:				
* Publish the local mechanism for confirming any midwife's eligibility to practise	Y			
* Implement the NMC's rules and standards for supervision of midwives	Y			
* Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)		y		Ratio above 1:15 plans in place to reduce ratio
To ensure a communications network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:				
* Set up systems to facilitate communication links between and across local supervising authority boundaries	y			
* Enable timely distribution of information to all supervisors of midwives	y			
* Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer	y			
* 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	y			
To ensure there is support for the supervision of midwives the local supervising authority will:				
* Monitor the provision of protected time and administrative support for supervisors of midwives		Y		
* Promote woman-centred, evidenced-based midwifery practice	y			
* Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise	y			Plans in place to develop further

	A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:			
	* Supervisors of midwives are available to offer guidance and support to women accessing maternity services	y		
	* Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice	y		
	* Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives	y		
	* Supervisors of midwives provide professional leadership	y		
	* Supervisors of midwives are approachable and accessible to midwives to support them in their practice	y		
13	The Local Supervising Authority Midwifery Officer			
	In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:			
	* Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	y		
	* Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Y		
	* Manage the performance of the appointed local supervising authority midwifery officer	Y		
	* Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Y		
	* Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met	Y		

15	Publication of Local Supervising Authority Procedures			
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 with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents	Y			
* Publish the investigative procedure	Y			
* Liase with key stakeholders to enhance clinical governance systems	Y			
To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer or supervisor of midwives, the local supervising authority will:				
* Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives	Y			
* Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment	Y			
* Publish the process for appeal against the decision to remove	Y			
* Ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority investigation of poor performance, following its completion	Y			
* Consult the NMC for advice and guidance in such matters	Y			

16	Annual Report			
<p>Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 30th of September of each year. Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:</p>				
* Numbers of supervisor of midwives appointments, resignations and removals	Y			
* Details of how midwives are provided with continuous access to a supervisor of midwives	Y			
* Details of how the practice of midwifery is supervised	Y			
* Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits	Y			
* Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education	Y			
* Details of any new policies related to the supervision of midwives	Y			
* Evidence of developing trends affecting midwifery practice in the local supervising authority	Y			
* Details of the number of complaints regarding the discharge of the supervisory function	Y			
* Reports on all local supervising authority investigations undertaken during the year	Y			

SUPERVISORS OF MIDWIVES WEST OF SCOTLAND

AYRSHIRE & ARRAN		DUMFRIES & GALLOWAY	NHS LANARKSHIRE		GREATER GLASGOW AND CLYDE			
AYRSHIRE MATERNITY	DUMFRIES & GALLOWAY	WISHAW GENERAL	PRINCESS ROYAL	QUEEN MOTHER	SOUTHERN GENERAL	ROYAL ALEXANDRA	INVERCLYDE	VALE OF LEVEN
Geraldine Butcher	Karen Green	Carole Burns	Jacqueline Bishop	Diane Anderson	Lesley Binnebesel	Gillian Burdge	Lynne McCormick	Betty Adair
Vera Cairns	Kathleen Hamblin	Susan Clements	Sheona Brown	Clare Gonella	Sandra Cameron	Alexis Wight	Victoria Mazzoni	Maria Pollard
Angela Cunningham	Carole McBurnie	Lyn Clyde	Elizabeth Callander	Deborah MacKinnon	Diana Clark	Elaine Dempsey	Patricia McCracken	Julie Wrethman
Alexa Foster	Joyce Reekie	Fiona Collins	Lynne Campbell	Anne Ovens	Elizabeth Dick	Helen Devlin		
Dianne Foster	Catriona Thomson	Ellen Connelly	Brenda Docherty	Beatrice Sutherland	Grace Doherty	Anne Duffy		
Linda Gillan	Brenda Thorpe	Pauline Creaney	Ann Holmes	Lucy Powls	Norah McMenamin	Dorothy Finlay		
Alexandra Mohan	Karen King	Karen Creer	Caroline Kane	Alison Romanis	Marion McNabb	Ailsa Fulton		
Elaine Moore	Elaine Mitchell	David Cunningham	Margaret Leonard	Jessie Scott	Anita Kettlehut	Cath Harkins		
Margaret Morgan	Lorna Lennox	Josephine Davidson	Helene Marshall	Eleanor Stenhouse	Lesley Shields	Linda Lang		
Laura Muir	Clare Bryce	Elaine Drennan	Veronica McArthur	Diane Paterson	Christine Lovatt	Lianne Manion		
Elaine Pirrie	Gillian Boyes	Helen Felvus	Marie-Elaine McClair	Rebecca Bulmer	Christine Thomson	Margaret McGowan		
Jean Rankin		Shona Ferguson	Margaret O'Donnell	Ann Kennedy	Irene Woods	Christine Ramsay		
Maureen Salisbury		Evelyn Frame	Sharon Smith	Margaret Morton	Angela Carlin			
Heather Shaw		Veronica Gordon	Elizabeth Terrace		Aline Campbell			
Janice Shennan		Denise Gray	Margaret Young		Lisa O'Hare			
Mary Davie		Moira Gray	Anne-Marie Brolly		Lisa Allen			
Abigail Elliot		Jackie Holmes						
		Amanda Kennett						
		Noreen Kent						
		Isabel Kirk						
		Christine MacKay						
		Jacqueline						

	McDonald						
	Georgetta McMillan						
	Geraldine Morgan						
	Shona Muir						
	Rosemary Murphy						
	Anne Nicholas						
	Madge Russell						
	Myra Steven						
	Susan Stewart						
	Veronica Teague						
	Liz Walker						
	Margaret Wallace						
	Michelle Walsh						
	Jean Watson						
	Heather Weir						
	Margaret Wilson						