



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

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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.

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 |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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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/WS | 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 Practice 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.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 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 | | Joy Payne Local |
| Signed <u>JBWAS</u> | <u>Joy Payne</u> | |
| | Supervising Authority Midwifery Officer | |
| | 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>NHS Dumfries and Galloway Action Plan</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>WoS SOM Conference.Programme: Conducting SOM Investigation</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 |

Rating consequences and impact

RISK ■ Low ■ Moderate ■ High

| | | |
|----------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Catastrophic | 25-30 | 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 | 16-25 | 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 | 9-15 | 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 | 4-8 | 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 | 1-3 | 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

Appendix 3

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 | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|--------------------------|
| <i>Aim;</i> | | | | | <i>Update Jan 08</i> | <i>Update March 08</i> | <i>Update July 08</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 | | |
|----------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|--------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| | Arrange for SOMS and clinical leaders to attend SOM forums in Ayrshire and Arran Lanarkshire and implement into practice locally | JP Local SOM | | January /February 2008 | SOM could not be released due to clinical priorities needs further consideration | To be reviewed in SOM meeting. | 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. |
| | Clinical Midwives to shadow SOM locally | BT | | February 2008 | | 3 prospective candidates identified. Will shadow SoM during April and May 2008 | Midwives given opportunities to shadow SOMS and to meet with LSAMO to discuss role of SOM |
| | Agenda SOM in staff meetings | BT | | Every Staff Meeting | | | |

| 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 | Ensure programme of meetings established for 2008 and all SOMS should attend unless on leave. Meetings to have high priority status | Link SOM (BT) | | December 2007 | Actioned December 2007 | | |
| | Local Supervisors time out to plan focus for future meetings | SOMS | | January 2008 | Revised format agreed | | |
| | Arrange for Clinical Midwives to attend meetings | BT | | March 2008 | | | |
| | Each SOM to take a lead in an aspect of practice for SOM and lead on this in the forum and at clinical level | SOM | | April/May 2008 | | | |
| | | | | January 2008 | Each SOM allocated component for standard for supervision to develop in practice | CEMACH Report – each SoM reviewing a section | |

| 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 | | Workshop March 2008 Further workshop arranged for May 16 th 2008 | Achieved Midwives reminded of their responsibilities Annual reviews in progress Midwives views and compliance with midwives annual reviews will be re-audited in the LSA Audit in October 2008 |

| 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> | January 2008 | | <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 | | |
| | MLSC | | | | SOM allocated to each forum | | |
| | Obstetric Management Speciality Review Team | SOM | | | | | |
| | 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 | | January 2008 | | | |
| | | SOM and discuss in SOM forum | | | System in place | | Achieved |

| Recommendation | Action | Lead Committee / individual | Resource Implication | Completion Date and Evidence of Completion | Monitoring Status | | |
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| | | | | | | | |
| (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

West of Scotland Action Plan
2009-

APPENDIX 4

| 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 |
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| | 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 | |

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|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | <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 | |

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| 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 |
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| | 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 | <p>Implement road shows in areas where there is difficulty in recruiting midwives to 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</p> | 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> <p>Guidance in place of buddying system to</p> | <p>For recruitment in January/ February for September intake for prep course</p> <p>Student SOMS encouraged to take part in LSA audits and all supervisory activities</p> | <p>18 midwives interviewed in May 2009 and 12 undertaking Sept 2009 course</p> <p>Results pending from Sept 2008 programme – to be appointed Sept 2009</p> <p>To undertake active recruitment in GGC next Feb</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 |
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| | 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> | Staff time for training Conference fees | <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 |
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| | 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 & | |

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| 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 |
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| 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 | |

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| | | | | | | 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 somms due to be appointed by August 2009 and further 12 student SOMS to commence preparation programme in September 2009 | |
| 13.Feedback concerns to | Ensure focus | LSAMO | | Ongoing | | Focus groups | |

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| 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 develop some work around this and also Jean Rankin 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 | |

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| 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 link s 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 | | LSMAO 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 |

| HOME BIRTHS | | |
|--------------------------------------------------------------------------------------------------------------------|------------------------------|-----|
| Number of intentional home births attended by a midwife | 6 | 6 |
| Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew | 6 | 1 |
| Babies born at home, attended by a midwife, when intended/planned for hospital delivery | 22 | 3 |
| Total deliveries in the home | 28 | 9 |
| Number of homes births in water | 0 | 1 |
| PUBLIC HEALTH DATA | | |
| Number of women initiating breastfeeding | 688 | 106 |
| Number of women breastfeeding on discharge to Health Visitor (% of total women birthed) | 394 | 66 |
| Number of women smokers at time of: booking | 307 | 67 |
| Delivery | | |
| Number of babies born to women under 18 years old (at time of delivery) | 48 | 9 |
| MATERNITY OUTCOMES DATA | | |
| Number of babies born alive | 1216 | 238 |
| Number of stillbirths | 6 | 0 |
| Number of early neonatal deaths (i.e. at 6 days and under) | | |
| 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 |

