



# **Local Supervising Authority Greater Glasgow and Clyde Annual Report**

**1 APRIL 2008- 31 MARCH 2009**

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## Content

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

## ***Local Supervising Authority Greater Glasgow and Clyde***

### ***Executive Summary***

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

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

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

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

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

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

## **Local Supervising Authority Greater Glasgow and Clyde**

### **1.0 Introduction**

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

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

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

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

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

### **1.1 Standards**

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

- 1.2** This is the third report since the inception of a fulltime LSAMO in the West of Scotland. There are four LSAs in the West of Scotland. Each Chief Executive in the West of Scotland requires an annual report to enable them to have assurances that there is a robust framework of statutory supervision of midwifery practice within its geographical boundaries. Therefore this report aims to demonstrate how the standards are met with in the LSA of NHS Greater Glasgow and Clyde.
- 1.3** Over the past three years the LSAMO has made steady progress alongside the supervisors of midwives in establishing a strategic direction for supervisors of midwives in the area. This includes the establishment of a West of Scotland Link Supervisors of Midwives (WoSLSM) Forum, a process for auditing LSAs throughout the region and a system to notify serious untoward incidents to the LSA.

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

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

#### **1.4 NMC Risk Register**

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

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

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

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

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

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

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

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

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

This report will be distributed to

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

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

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

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

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

**Table 1 2008-2009**

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

Key to Risk Severity

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

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

**Table 2 Trends 2006-2008**

LSA	Year	Number of SUPERVISORS OF MIDWIVES	Number of Midwives	Appointments	Resignations	Leave of Absence	Ratio SOM:MW
	2007-2008	53	1013	3	3	1	1:19
GGC	2006-07	54	N/A	1	4	0	1:15.5

Key to Risk Severity

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

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

**Table 3 projected ratio up to September 2010**

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

Key to Risk Severity

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

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

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

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

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

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

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

- 3.3** During this year there has been one leave of absence due to the supervisor having a lead midwife role in practice and requiring time out to focus on change management processes in the service redesign. There have been three resignations two of which are due to retirement and one with the supervisor requiring more time to concentrate on her clinical role.
- 3.4** There have been no removals or suspensions from the role of supervisor of midwives.
- 3.5** Supervisors of midwives are appointed in accordance with the LSAMO Forum UK Guidance for the selection and appointment of supervisors of midwives. Midwives either self nominate or are nominated by their peers. They are then interviewed by a panel which includes a peer, a supervisor of midwives, an educationalist and the LSAMO. This year the interviews have taken place within



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

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

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

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

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

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

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

### **5.1 *Methods of communication with supervisors of midwives***

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

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

- ***The NMC/LSA Strategic Reference Group***  
One of the main functions of this group is to assist in advising the Midwifery Committee on any proposals to make, amend or revoke rules relating to the supervision, practice and education of midwives. The LSAMO is a member of the group and attends any meetings that are held.
- ***The Local Supervising Authority Midwifery Officer Forum UK (LSAMO Forum UK)***  
This forum meets every two months and was established to provide all the LSAMOs with support and to also ensure that supervision of midwifery practice is developed and delivered in a consistent manner across the UK.  
  
There are 16 LSAMOs throughout the UK and together they have developed a cohesive strategy for the statutory function, with shared principles and the implementation of a common approach to achieving the NMC standards. The published strategy describes the plan of achievements for the Forum for the next three years. This document can be viewed on <http://www.midwife.org.uk/>. Through the strategy the Forum aim to ensure that that midwives working in any part of the UK can expect the same standard of supervision of midwifery practice.
- ***LSAMO meeting with Heads of Midwifery in West of Scotland***

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

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

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

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

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

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

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

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

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

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

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

- ***Scottish LSAMOS***

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

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

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

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

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

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

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

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

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

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

### **5.3 Safety of the Public**

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

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

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

In each of the Glasgow units a supervisor of midwives sits on the local clinical risk management group and in three of the units the clinical risk manager is also a supervisor of midwives. The supervisors of midwives are encouraged to review incidents where actual or potential harm has happened. The LSAMO is informed and a supervisory investigation takes place.

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

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

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

#### **5.4 *Intention to Practice Process and Annual Review***

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

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

## **5.5 Supervisors of Midwives as Leaders**

The LSA audit identified that staff see supervisors of midwives as a distinct group and that they are there to support them in their role as midwives. They were not always clear of all the activities undertaken by supervisors of midwives to support them in their role and the supervisors will circulate minutes of meetings to enable staff to have more information on their activities. Where supervisors of midwives worked in the clinical area midwives were more aware of the full range of activities undertaken by supervisor of midwives.

Supervisors of midwives attend a variety of forums. Forums where supervisors of midwives are represented in NHS Greater Glasgow and Clyde include

- Clinical Risk management meetings
- Clinical Effectiveness forums
- Clinical Governance forums
- Maternity framework group
- Maternity Liaison Service Committees
- Educational Curriculum Planning Forums
- GONEC (Gynaecology, Obstetric and Neonatal Effectiveness Committee.)

## **5.6 LSA Annual audit**

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

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

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

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

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

The LSA audits took place on 5<sup>th</sup> November 2008 in the Princess Royal Maternity Unit, 6<sup>th</sup> November 2008 in the Queen Mother's Hospital, January 15<sup>th</sup> 2009 Royal Alexandra Hospital, January 16<sup>th</sup> Inverclyde Community Maternity Unit and Vale of Leven Community Maternity Unit and the Southern General Hospital on 19<sup>th</sup> January 2009.

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

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

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

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

## **5.7 Challenges to effective supervision**

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

Other challenges identified by supervisors in this years audit were the need to continue raising the profile of supervision amongst midwives and women. They aim to do this by raising the profile of the remit of the supervisor of midwives with staff and also circulating information from local meetings. The LSAMO also meets with the Community Engagement Officer who has established links with

local consumer groups and can highlight supervision as part of these meetings. Work is also being undertaken to access these focus groups or representatives from them in next years audit process.

Recruitment is proving to be challenging in two of the maternity units. Road shows will take place in these two units early 2010 in an attempt to raise the profile and recruit midwives for the next preparation programme.

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

- 6.1** Service users were invited to take part in the LSA audit process for this year. A training day was held to prepare service users to take part in the audit process this year. The programme for the training day is in the appendices (Appendix 5). Seven women attended the training day in Greater Glasgow and Clyde alongside the community engagement officer. This contributed to raising the profile of supervision amongst some of the service users and generated interest in taking part in the LSA audits. Out of the four key areas in Glasgow there was user representation in the audit team in three of the areas. The Community Engagement Officer also took part in two of the audits in Greater Glasgow and Clyde to enable her to have an insight to the process to talk to consumer groups she accesses throughout the area.
- 6.2** Plans are underway for engaging with consumers in this years audit process and it is envisaged that a focus group will be held with the consumers who attend meetings with the Community Engagement Officer as well as women who are accessing the service at the time of the audit.
- 6.3** In the Community Maternity Units parenting sessions are held and the supervisors of midwives and discuss the role of the supervisor of midwives and LSAMO. In focus groups held during the LSA audit these women could identify with the role of the supervisor of midwives and talk of the role of the LSAMO and name of the LSAMO.
- 6.4** The audit identified that information was available on the role of the supervisor of midwives in various formats for members of the public either in individual leaflets on information for women or paragraphs in Bounty books on local services. Despite these measures it was evident during the audit process that other than the community maternity unit's women did not know about supervision of midwifery practice. Raising the profile of supervision of midwifery practice to women continues to be a target for supervisors of midwives and is an action in the West of Scotland Action Plan and Greater Glasgow and Clyde action plan.

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

### **7.1 *The LSAMO and HEI***



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

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

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

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

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

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

## **7.2 *Supervisor of midwives engagement with HEI***

NHS Greater Glasgow and Clyde receives students from Glasgow Caledonian University. The Royal Alexandra Hospital and the two Community Maternity Units the Vale of Leven and Inverclyde receive students from the University of West of Scotland. All the units across the NHS Board have very good links with both Universities. Supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and continuous professional development. Supervisors of midwives are also on curriculum planning teams and undertake lectures on pre registration and post registration programmes. They also ensure that midwives remain updated.

## **7.3 *Supervisors of Midwives supporting student midwives***

Student midwives in the PRM, SGH AND QMH are given information about the supervisors of midwives. An open event is held every year in one of these sites by supervisors of midwives for student midwives on the role of the supervisor of midwives. Student midwives were part of focus groups during the LSA audits and it was evident that they were conversant with the role of the supervisor of midwives. It was noted that they had varying degrees of knowledge dependant on what year of training they were in. Student midwives are to be allocated the name of supervisor of midwives they may make contact with in these sites.

In the other units RAH VOL and IRH the students are allocated a named supervisor of midwives from within the HEI UWS. This is due to change and student midwives will be allocated a supervisor of midwives from the clinical field.

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

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

#### **7.5    *Preparation of Supervisor of Midwives Programmes***

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

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

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

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

#### **7.6    *University of West of Scotland***

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

**Programme leader** – Maria Pollard

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

## **7.7 Challenges**

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

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

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

## **7.8 Ongoing Education for Supervisors of Midwives**

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

This year the sessions were as follows:-

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

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

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

### **8.1 *Guidance for supervisors of midwives***

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

### **8.2 *Local Guidance***

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

Supervisors of midwives in NHS Greater Glasgow and Clyde also contribute to developing local guidelines for midwifery practice that are used within their service. Examples of these are the Homebirth and Water birth guideline.

### **8.3 *Reflection***

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

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

### **9.1 *Public Health Issues***

NHS Greater Glasgow and Clyde is a combination of urban and rural settings. Within the densely populated areas there are high levels of deprivation and poverty.

There are also high levels of immigrants from Eastern Europe in the area which bring challenges such as late booking for maternity services, poor health status

and language difficulties. All these issues pose risk to women and their children a fact reinforced in the Confidential Enquiry into Maternal and Child Health (2007) Saving Mother's Lives which reports maternal deaths amongst immigrant women from the new member states of the European Union. There are high levels of addiction, and it is estimated that 20,000 children are living in a family with addiction issues. There are also high levels of unemployment in the area and approximately 5,500 Asylum Seekers as estimated 2 years ago.

Supervisors of midwives, alongside the multi disciplinary team, are conscious of this when planning for and delivering maternity care. NHS Greater Glasgow and Clyde has a number of specialist roles to support these vulnerable groups. These are Homelessness Midwife, Teenage Pregnancy Midwife, Asylum Seeker Midwife and Special Needs in Pregnancy (SNIPS) Team.

### **9.3 Clinical Activity**

In NHS Greater Glasgow and Clyde there is a population of 1,190,856 with 65% of children living in the Carstairs Score Deprivation Categories 6 or 7. There were a total of 16,076 babies born last year. This is an increase of 1% from the previous year. NHS Greater Glasgow and Clyde monitor birth trends continually. Work force planning is underway to manage current capacity issues and also to plan for future management of the service when a major redesign of service is fully implemented by January 2010. This major service redesign involves the closure of Queen Mothers Hospital with services transferring to the Princess Royal Maternity Unit and the Southern General Hospital.

Project planning groups are in place. These include a number of work streams to reorganise services. A supervisor of midwives is represented on each work stream and provides progress reports in NHS Greater Glasgow and Clyde supervisors of midwives forum. The supervisors of midwives have also developed an action plan in relation to the changes taken place and this is reviewed in each meeting (Appendix 3).

One of the units the Princess Royal Maternity Unit has reported increased activity levels which can lead to capacity issues. There are a series of measures being put in place to ease these by the senior management team. These issues have been identified to the LSAMO and supervisors of midwives who also discuss the issues with the on a regular basis with the Head of Midwifery. Measures being put in place are an additional 5.5 WTE midwives to the Labour ward. Relocation of the maternity assessment unit to another floor to divert activity away from the labour ward, and the closure of the birthing unit as activity was low in this area therefore enabling more effective utilisation of staff. A further additional 5 WTE Midwives have been recruited to support the introduction of maternity assessment in advance of the closure of the QMH.

It is planned that the supervisors of midwives will have two half day sessions with an external facilitator to support them in the change process and to give them strategies to support their supervisees in this time of transition. There will be a follow on session six months when the changes have been established.

### **9.4 The RCM recommends a midwife to birth ratio of 1:28 in maternity services. The midwife to birth ratio in Greater Glasgow and Clyde ranges from 1:28 to 1:15.**

## **9.5 *Methods of Data Collection***

All statistics are collated either manually or supported by maternity information systems. Detailed information on birth trends and clinical activity can be found in the appendices (Appendix 7). This information is submitted to the LSAMO on an annual basis.

The maternity unit has participated in the national Nursing and Midwifery Workload and Workforce planning project and have undertaken Birth-rate Plus and a Professional Judgement Workforce Planning Tool. This work has led to the establishment of a short life working group in Scotland to develop a tool to assist in determining staffing requirements, including those for women with complex needs and for the remote and rural areas unique to Scotland.

## **9.6 *Serious Incident Escalation Policy***

The NHS Board has a serious incident policy. There is West of Scotland guidance for supervisors of midwives on reporting and investigating serious untoward incidents. It is the role of the supervisor of midwives to advise the LSAMO if there has been a serious untoward incident. Within the unit serious incidents are reported to the risk manager and then reviewed by the risk management team. A supervisor of midwives sits on this forum. Incidents are discussed in the local supervisors of midwives forum.

## **9.7 *Unit Closures***

There have been no unit closures within Greater Glasgow and Clyde. Currently the units do not close to admissions and there are no escalation policies. If problems are identified with capacity or staffing levels these would be reported by the unit coordinator to the Service Manager/Deputy Service Manager who would assess the situation and make recommendations. An incident form would be completed to monitor trends. The Maternity Dashboard concept as recommended by the RCOG is due to be piloted by NHS Greater Glasgow and Clyde.

## **9.8 *Keeping Childbirth Dynamic and Natural***

There has been much developmental work undertaken to keep childbirth natural and dynamic throughout Scotland. All areas have appointed Consultant Midwife posts to support this project at local levels and Greater Glasgow and Clyde have two Consultant midwives leading on this project. The project has also involved supervisors of midwives at local levels to support midwives in maximising normal childbirth. This includes supporting midwives in developing midwife led care, appropriate risk assessment of the woman and in relation to the admission CTG and giving midwives skills and confidence in risk assessing all women throughout antenatal intrapartum and postnatal care

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

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

The appeals process is also set out in Guideline G. The guideline can be accessed on [www.midwife.org.uk](http://www.midwife.org.uk) and [www.midwiferysupervisor-woslsa.scot.nhs.uk](http://www.midwiferysupervisor-woslsa.scot.nhs.uk).

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

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

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

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

**11.3** It is essential that the team of Supervisors be notified of all serious untoward incidents that involve midwifery practice. This means that there should be a link between the supervisors of midwives and the clinical risk co-ordinator, the complaints co-ordinator and any other relevant personnel within the NHS Board. In Greater Glasgow and Clyde a supervisor of midwives sits on the local clinical risk management forums in each of the four main areas. Three of the clinical risk managers are also supervisors of midwives. There is also a Glasgow wide risk management group called GONEC and a supervisor of midwives sits on this.

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

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

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

### **11.6 *Investigations***

There were twelve investigations undertaken in Greater Glasgow and Clyde. Ten were conducted by supervisors of midwives and two were led by the LSAMO during the reporting year. This is an increase from last year and is due to the increased awareness amongst the supervisors of midwives in undertaking investigations irrespective of outcome as a means to ensure that the public are protected.

As a result of the investigations one midwife undertook a period of supervised practice which she successfully completed.

During the process of a supervisory investigation a midwife resigned from the organisation. The recommendation made by the supervisor of midwives was for the midwife to undertake a period of supervised practice. Due to illness the GP advised that due to forthcoming surgery she was not well enough to undertake the programme of supervised practice. The LSAMO will review the situation at the end of the year.

Two midwives undertook a period of developmental support. The other investigations followed on from clinical incidents where there were concerns about midwives practice.

Key trends identified in these investigations were:-

- Failure to maintain adequate records
- Failure in duty of care
- Lack of understanding of responsibility and sphere of practice
- Failure to accept accountability
- Failure to communicate or collaborate effectively with colleagues
- Inadequate observations of mother and/or fetus
- Failure to care appropriately for a woman with Insulin dependent diabetes
- Failure to summon appropriate practitioner for assistance
- Failure to work as part of a team
- Failure to challenge



- Failure to interpret CTG

One or more of these factors were found in each investigation.

### **11.7 Referrals to NMC**

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

- 11.8** There has been one investigation commissioned by an external supervisor of midwives which is not yet completed.

### **11.9 Trends and Themes**

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

### **11.10 Newly Qualified Midwives**

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

### **11.11 NMC**

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

### **11.12 Maternal Deaths**

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

Supervisors of midwives notify the LSA MO If there has been a maternal death and also advise the LSAMO if there have been any midwifery practise issues. During this period there were 6 maternal deaths in Greater Glasgow and Clyde.

These were as follows

<b>Gestation</b>	<b>Cause of Death</b>	<b>Any Midwifery Practice issues identified by SOM</b>
Eight weeks pregnant	Suspected Heart Attack	None identified
Twenty-two weeks gestation	History of severe mental health problems taking medication for this - died when an in patient in mental health unit	None identified
Twenty two weeks gestation	History Sickie Cell Anaemia. Admitted with vaginal bleeding 22 weeks no bleeding seen on admission. Seen by Consultant - ultrasound scan performed - died 2 days later at home. Sudden death at home and DOA at hospital	None identified
Eight weeks postpartum	Meningitis Encephalitis	Awaiting final report
Thirty five weeks gestation	Dissecting aortic aneurysm	None identified
Five months postnatal	Found dead at bottom of block of flats. History of substance misuse	None identified
Thirteen weeks postnatal	Died following episodes of pancreatitis some weeks after birth of baby. History of congenital paraplegia and dislocated hips.	None identified

No midwifery practice issues have been identified by the supervisors of midwives in these cases.

## **12.0 Conclusion**

**12.1** This report has demonstrated the steady progress made in Greater Glasgow and Clyde during this reporting year.

Supervisors of Midwives show commitment to striving towards achieving high standards of practice in relation to statutory supervision of midwifery practice. Supervisors of midwives have supported the LSAMO in embedding a strategic and consistent approach for supervision of midwifery practice across the West of Scotland. This contributes to ensuring a safe service for women and their families and also the provision of safe learning environments student midwives.

Supervisors of midwives are supporting the management team in the change management processes in the major redesign underway in NHS Greater Glasgow and Clyde. Supervisors are also committed to supporting midwives through the change process.

## 12.2 LSA Priorities for 2009-2010

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

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

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

Robert Calderwood  
Chief Executive  
NHS Greater Glasgow & Clyde

Joy Payne  
Local Supervising Authority Midwifery Officer



Signed \_\_\_\_\_

Signed \_\_\_\_\_

## REFERENCES

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

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

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

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

Nursing and Midwifery Council (January 2009) Guidance for the Local Supervising Authority (LSA) Annual report submission to the NMC for practice year 1<sup>st</sup> April 2008- 31<sup>st</sup> March 2009




## ***Appendices***

<b><i>Appendix 1</i></b>	<b><i>NMC Risk Score Register</i></b>
<b><i>Appendix 2</i></b>	<b><i>WoS Risk Score 2007-8</i></b>
<b><i>Appendix 3</i></b>	<b><i>GGC Action Plan For Organisational Change</i></b>
<b><i>Appendix 4</i></b>	<b><i>WoS Action Plan</i></b>
<b><i>Appendix 5</i></b>	<b><i>Training Day Service Users</i></b>
<b><i>Appendix 6</i></b>	<b><i>Programme WoS SOM Conference Programme Conducting SOM Investigation</i></b>
<b><i>Appendix 7</i></b>	<b><i>Statistics</i></b>

## NMC Framework Risk Register Key

## Consequence/Severity of Impact

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

RISK  Low  Moderate  High

1-8      9-15      16-25

## Rating consequences and impact

<b>Catastrophic</b>	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.
<b>Major</b>	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.
<b>Moderate</b>	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.
<b>Minor</b>	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.
<b>Insignificant</b>	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

<b>Almost certain</b>	Is expected to occur in most circumstances
<b>Likely</b>	Will probably occur in most circumstances
<b>Possible</b>	Might occur at some time
<b>Unlikely</b>	Could occur at some time
<b>Remote</b>	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

<b>LSA</b>	West of Scotland Host LSA - Ayrshire and Arran	<b>Chief Executive</b>	Dr Wai – Yin Hatton
<b>LSAMO</b>	Joy Payne	<b>Contact details of LSAMO</b>	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.	<b>LSA Annual Report</b>	<b>Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.</b>	<b>3</b>	<b>4</b>	<b>12 AMBER</b>
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#### Score: 12

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

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

**Comments**

## LSA GREATER GLASGOW AND CLYDE SOM ACTION PLAN FOR ORGANISATIONAL CHANGE

APPENDIX 3

Objective	Action	Timescale Lead	GOAL	UPDATE JUNE 2009
1. Provide support to midwives and be visible as leaders during organisational change	<ol style="list-style-type: none"> <li>1. A SOM to be a member of each work stream</li> <li>2. A SOM to be available to staff</li> <li>3. SOMS to be briefed on developments to enable cascade of information to staff</li> <li>4. SOMS to be aware of policies in relation to redeployment</li> </ol>		SOMS to be effective leaders and contribute to effective organisational change	<ol style="list-style-type: none"> <li>1. Names of SOMS on workstreams <b>Hub &amp; Spokes</b> – Margaret O'Donnell <b>Ultrasound</b> – Anita Kettelhut <b>Daycare/EPAS</b> – Grace Doherty <b>Decommissioning</b> – Debbie MacKinnon <b>High Risk</b> – Di Clark</li> <li>2. On-call rotas in place for staff to contact a SOM</li> <li>3. and 4. Policies can be accessed on Staffnet</li> </ol>
2. Ensure the provision of a safe maternity service and equity of access for all women	<ol style="list-style-type: none"> <li>1. A SOM to be a member of each work stream and any steering groups</li> <li>2. Ensure women informed about service provision through public meetings and liaison with Pauline Cameron</li> <li>3. Ensure guidance consistent/unified across sites</li> <li>4. Monitor /audit any practice changes including implementation of KCND pathways</li> <li>5. Work with managers to determine if escalation policies required in times of peak activity</li> </ol>		Safe maternity services and women able to access care	<ol style="list-style-type: none"> <li>1. As in objective 1 point 1</li> <li>2. Information going out via Pauline Cameron to all areas including spokes. Information being circulated to CHCPs, GPs and women. Pauline Cameron provided update to SOMS in June meeting on her role and how she accesses service users .</li> <li>3. All policies and guidelines reviewed through GONEC –LP leaving so Lesley Shields nominated as new SoM representative on group</li> <li>4. it was agreed that the Consultant midwives Dorothy Finlay and Sheona Brown who are also SOMS should provide an update in each SOM forum on KCND pathways and any evaluations and audit session to update all SOMS.</li> <li>5. Service is reviewing use of escalation</li> </ol>



				policies and Eleanor Stenhouse will provide updates to SOMS in each forum to update group
3. Ensure midwives have skills to deal with change in practice due to new models of care	<ol style="list-style-type: none"> <li>1. Each SOM to meet with supervisee and discuss individual needs</li> <li>2. SOMS to work with managers and ensure training skills analysis undertaken and then implement the training plan</li> <li>3. Ensure drill workshops in place</li> <li>4. Ensure staff have induction and orientation programmes to new areas and have opportunity to meet with their SOM at regular intervals for support during change</li> </ol>		Skilled and confident midwives	<ol style="list-style-type: none"> <li>1. Each SOM will review individual needs of supervisee when review undertaken.</li> <li>2. Skills inventory circulated by Dorothy Finlay and Sheona Brown that may be used in conjunction with SOMS and managers Need to link Supervision in with any skills analysis</li> <li>3. SOM sitting on Decommissioning group – Debbie MacKinnon . Supervision to be linked in with induction and orientation programmes. DM to feed back in SOM forums</li> </ol>
4. Maintain momentum to achieve national drivers	<ol style="list-style-type: none"> <li>1. Continue implementing any programmes or drivers</li> </ol>		Ensure service up to date and active participants in national drivers	<ol style="list-style-type: none"> <li>1. Report back in forums on any national drivers.</li> <li>2. Dorothy/Sheona – to provide updates on KCND pathways</li> </ol>
5. Ensure collaborative working	<ol style="list-style-type: none"> <li>1. Arrange meetings with staff from other areas</li> <li>2. Welcome meetings from SOMS to midwives working in new areas</li> <li>3. Maintain cascade of information from SOMS as well as Communication engagement offices to ensure information regular and consistent</li> <li>4. Facilitate midwives attending</li> </ol>		Effective team working contributing to safe maternity services	<ol style="list-style-type: none"> <li>1. and 2 .This should be arranged by link SOMS when staff know final allocation of workplace. For update in August meeting</li> <li>3. and 4. Update provided to all SoMs by Pauline Cameron 9/6/09</li> </ol> <p>Midwives encouraged to attend team briefs at annual review.</p> <ol style="list-style-type: none"> <li>5. Staff are having updates via organisation on progress form work streams. The</li> </ol>

	<p>team briefings and keep midwives up to date from perspective of supervision as well as managerial perspective</p> <ol style="list-style-type: none"> <li>Issue SOM newsletter to promote the progress from the 8 work streams</li> <li>Work in partnership with staff side representatives and HR and managers</li> </ol>			<p>supervisors have circulated a newsletter with update/information on supervision of midwifery practice.</p> <ol style="list-style-type: none"> <li>SOM represented on Communication work stream and decommissioning work stream and will provide update in next meeting.</li> </ol>
6. Relocation of SOMS and midwives across the Glasgow sites	<ol style="list-style-type: none"> <li>Ensure midwives have induction and orientation programmes</li> <li>SOMS to maintain regular meetings with supervisees</li> <li>Arrange meetings between midwives for team building</li> <li>Revise SOM caseload when relocation lists of staff available</li> <li>Review format of on call rotas when relocation lists available</li> </ol>		Skilled staff able to adapt to new work location	<ol style="list-style-type: none"> <li>HR hold this information link soms to determine staff allocation and work on this action point with soms in each unit.</li> <li>Each SOM to meet with supervisee as necessary.</li> <li>Time out session arranged for SOMS in September 2009 with Liz O'Neil facilitator on strategies to support staff through change, with a follow up session next year when change has embedded in.</li> <li>and 5. Link SOMS to rearrange SOM caseloads for January 2010 as soon as list of staff re-allocation finalised. Then to be distributed around units and midwives to give midwives opportunities to meet their new SOM</li> </ol>
7. Ensure communication	1. SOM to be member of		Effective communication	Links to e-mail out for a representative

is effective	<ul style="list-style-type: none"> <li>communication group and involved in communication process</li> <li>2. Ensure midwives know how to access communication through workshops, individual meetings with SOMS , through induction programmes</li> <li>3. Work with communication officer and invite to SOM meetings</li> <li>4. IT support</li> </ul>			
8. Ensure guidance and policies in place to support midwives in the work place	<ul style="list-style-type: none"> <li>1. SOM to sit on guidance /policy groups</li> <li>2. SOMS to be integral to any clinical governance committees</li> </ul>			
9. Ensure participation with users	<ul style="list-style-type: none"> <li>1. SOMS to engage with Communication engagement officer Pauline Cameron to maintain links and develop strategy for links with user forums</li> </ul>		Effective communication	<ul style="list-style-type: none"> <li>1. SOMs reported in meeting that Guidance and policies already in place to support midwives in their practice. SOM sitting on GONEC Lesley Shields</li> <li>2. SOM sitting on clinical governance committees</li> </ul>
10. Work alongside managerial strategies for workforce planning	<ul style="list-style-type: none"> <li>1. SOMS to be part of any workforce planning work streams</li> <li>2. Birth rate plus analysis not being used in Scotland and National Planning team has been established</li> </ul>		Collaborative working	<ul style="list-style-type: none"> <li>1. SOMS on each of the work streams now. Service redesign is being focused to user needs. Update provided by Pauline Cameron who will regularly do this in future . Considering ways to access service users in LSA audit process and may meet all users who access Pauline as well as focus groups on days of audit . Action JP and PC</li> <li>2. JP sitting on national forum developing workload tools</li> </ul>

## APPENDIX 4

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

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

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

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

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

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



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

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
	Ensure adequate support systems in place for student SOMS and newly appointed SOMS			Guidance in place of buddying system to support student SOMS	All student SOMS have mentor  Newly appointed SOMS will have a mentor	All areas to maintain own lists of mentors. Template for maintaining register circulated to all areas June 2009 by JP	
6. Provide opportunities for SOMS to expand their knowledge of the statutory processes and understanding of the role of LSAMO	<p>Ensure SOMS actively contribute to and access up to date information whilst undertaking their role</p> <p>Ensure SOMS can access information from the NMC</p> <p>Provide an annual conference to ensure networking and the sharing of best practice across the LSA'S</p> <p>Provide support to</p>	<p>JP Link SOMS</p> <p>JP Link SOMS</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</p>	<p>Annual conference arranged for February and March 2009</p> <p>Information circulated as received</p> <p>Annual</p>	<p>Annual conference taken place on February 11th and March 11th 2009 on Leadership and the role of the supervisor</p> <p>Supervisory workshops taken place –for SOMS on conducting supervisory investigations September 2008 and April 2009</p>	

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

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

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

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
						held in areas where there is difficulty recruiting this has included over the past year Dumfries and Galloway. Princess Royal Maternity unit Greater Glasgow and Clyde and in Ayrshire last year by local SOMS	
11. Audit response times from SOMs to midwives to requests for advice	Develop guideline and audit tool	WoS guideline group				This will be audited in the years LSA audit 2009-2010. In last years audit no problems highlighted by midwives in accessing a SOM	
12. Demonstrate actions taken and evidence of progress in response to risks communicated from NMC. Risk in WOS ratio Som/mw above 1:15 in	Ensure ongoing annual recruitment	All				Recruitment taken place throughout the WOS, 11 soms due to be appointed by August b2009	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
AA GGC DG Some trends identified as risk i.e. poor communication	Cross reference recommendation 5 Ensure action plan in place & implementation	All areas		Ongoing		and further 12 student SOMS to commence preparation programme in September 2009	
13.Feedback concerns to HEI if any concerns in learning environment for student midwives	Ensure focus groups in each LSA audit with Student Midwives	LSAMO		Ongoing		Focus groups held with student midwives in 2008-2009 LSA audits and to be repeated in 2009-2010. LSAMO would feed back any concerns to HEI.  LSAMO is going to link with NHS NES PEF to deveop some work around this and also Jean ranksin will feed back minutes of any relevant meetings to LSAMO on student placements	
14. Concerns about newly	Any concerns with	All		Ongoing		Mechanism in	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	SIX Monthly Update December 2009
registered midwives should be reported	fitness to practice for all registered midwives should be investigated as per guideline L					place to report concerns.	
15. Each LSA/ Region should work collaboratively with organisations that have a safety remit such as SPSA	LSAMO to establish a link	LSAMO		Dec 2009		JP to establish link with SPSA and link into WOS meetings	
16. Each LSA should develop action plans in response to trends impacting adversely on Safety of women and babies using maternity services Ability of midwives to provide safe quality care in the antenatal, intrapartum and postnatal period Ability of midwives to mentor student midwives to ensure competent applicants to the register	Develop action plan to meet local needs as required	All		Ongoing		Action plans to be developed by all link s in individual units	
17. LSAs should move to an electronic method of storing supervision related	LSAMO to submit a bid to each NHS Board for funding	LSAMO		July 2009		Bid made to each LSA to share costs of LSA data	



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

**Joy Payne**  
**LSAMO**  
**West of Scotland**



## **SERVICE USER LSA AUDIT WORKSHOP**

**1- 3pm**

**VENUE Queen Mothers Hospital  
Parent Craft Room**

**LUNCH PROVIDED**

**Facilitator Joy Payne LSAMO West of Scotland**

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



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

**PROGRAMME  
12<sup>th</sup> 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 11<sup>th</sup> and March 11<sup>th</sup>**

## **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 FROM NHS GREATER GLASGOW AND CLYDE**  
**1 APRIL 2008- 31<sup>ST</sup> MARCH 2009**

	Princess Royal	Queen Mothers	Southern	Royal Alexandra	Inverclyde	Vale of Leven
<b>CLINICAL ACTIVITY</b>						
Total women delivered	5794	3018	3361	3764	95	98
Total delivered in the hospital	5768		3350		92	94
Total number of babies born	5896		3431	3821	95	98
Number of hospital births in water	33	0	84	125	1	9
Deliveries in community maternity units    Stand alone	N/A	N/A	N/A		92	94
Within main unit	N/A	N/A	N/A			
Total number of women booked under midwife-led care (Taken as a % of deliveries)	N/A	N/A	N/A		347 (36%)	237 (36.6%)
Total number of women transferred to consultant care	N/A				211	A/N 123 (51.8%) I/N 24 (10.1%)
Are you able to monitor reasons for transfer?	N/A					

<b>HOME BIRTHS</b>							
Number of intentional home births attended by a midwife	5		16	4 (8 booked)	1	1 (3 booked)	
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew	21		23		2	3	
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	0		0		0		
Total deliveries in the home	26		11		3	4	
Number of homes births in water	0		2		0	0	
<b>PUBLIC HEALTH DATA</b>							
Number of women initiating breastfeeding	2690		71.1%		44%	48%	
Number of women breastfeeding on discharge to Health Visitor (% of total women birthed)	1397 data incomplete		46.65%		29.2%	Not recorded	

	due to cross boundary info					
Number of women smokers at time of:      booking	1030 Data incomplete		348		226	48%
Delivery	927		N/A		Not recorded	Not recorded
Number of babies born to women under 18 years old (at time of delivery)	261		ISD Awaited		4	2
<b>MATERNITY OUTCOMES DATA</b>						
Number of babies born alive	5858		3418		95	98
Number of stillbirths	38		13	16	0	0
Number of early neonatal deaths (i.e. at 6 days and under)	6		2	11	0	0
Number of late neonatal deaths (i.e. 7 – 28 days)	0		2	0	0	0



<b>INTERVENTIONS</b>						
Planned inductions	1720		590	1030 27%	95	98
Accelerated labours (including ARM and Syntocinon, or both)	1484		N/A	330 9%	0	0
Episiotomies	972		200 SVD Rate = 9.2%		0	0
Epidurals with vaginal births	3090		403=SVD RATE18.7 %		0	0
Epidurals/spinals with caesarean sections	E597 S1191 T1788		98.8%			
Planned caesarean sections	614	443 14.6%	287=8.5%			
Emergency caesarean sections	CS1 203 CS2 559 CS3 374	500 16.5%	501=14.9%		0	0
Total caesarean sections	1750	943		1013 27%	0	0

		31.2%				
Forceps deliveries	507	286 9.4%	788=23.4%	331 9%	1	3
Ventouse deliveries	217	98 3.2%	255=7.5%	175 5%	0	0
Vaginal breech deliveries	23	8 0.26%	104=3.1%	0	0	0
					0	0
<b>FACILITIES</b>						
Type of unit (consultant/midwife/GP)	Consultant	Consultant	Consultant	Consultant CMU	0	0
Total number of maternity beds (including delivery beds)	82 8 Delivery beds		67	70	0	0
Number of obstetric theatres	2		1	2	0	0
Staffed by midwifery staff (other than receiving baby)	Y		Y	Y	1	0
Staff by theatre staff	Y		Y + Anaesthetic staff	N		
High dependency beds	2		HDU on site	4Planned		
Early pregnancy unit	Y		Y	Y	Y	Y

Fetal medicine unit	N	Y	N	N	N	N
Antenatal day assessment unit	Y	Y	Y	Y	Y	Y
Birthing pool	Y	N	Y	Y	Y	Y
Bereavement/quiet room	Y	Y	Y x2	Y	N	Y
Partners accommodation on AN ward	Y	N	N		N	N
Family kitchens	N	N	N	N	N	Y
Security system: Controlled door entry	Y	Y	Y	Y	Y	Y
Baby tagging	N	N	N	N	N	Y
Pressure mattresses	N		N	Y	N	N
Midwife-led beds	Y	N	N	3I/N 6P/N	3	Y
Intrapartum GP care	N	N	N	N	N	N
Transitional care cots	N	N	N	8 Planned	N	N

Some midwives take responsibility for decision making and undertake:

Neurophysiological examination of the newborn	Y	N	Y	Y	Y	Y
Ultrasound scans	Y	Y	Y	Y	Y	Y
Amniocentesis	N	N	N	N	Y	N
Induction of labour by prostaglandin	Y	Y	Y	Y	N	N
by syntocinon	N	Y	Y	N	N	N
Ventouse deliveries	N	N		N	N	N
Forceps deliveries	N	N	N	N	N	N
Six week postnatal examination	N	N	N	N	N	N
Cervical smears	Y	Y	Y	N	N	N
Specialised counselling	Y	Y	Y	Y	Y	Y
External cephalic version	N	N	N	N	N	N

