



WEST OF SCOTLAND
CONSORTIUM OF LOCAL
SUPERVISING AUTHORITIES

ANNUAL REPORT

APRIL 2006 – MARCH 2007

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Local Supervising Authorities in the West of Scotland

Executive Summary

The Local Supervising Authority is responsible for ensuring the statutory function for the supervision of midwives and midwifery practice is carried out to a satisfactory level, for all the midwives working in its boundaries. This report has been produced to meet the requirements of Rule 16, Midwives rules and standards as published by the Nursing and Midwifery Council 2004 and is aimed to demonstrate how the Local Supervising Authorities (LSA's) and the NHS Boards in the West of Scotland meet the NMC Standards. Each NHS Board acts as the LSA in Scotland.

This report follows the guidance set out by the Nursing and Midwifery Council Circular 15/2007- Guidance for Local Supervising Authority (LSA) Annual report Submission to the NMC for practice year 1 April 2006-31 March 2007. In 2006 there was a restructuring of the post of Local Supervising Authority Midwifery Officers (LSA MO) in Scotland. Prior to this there were 15 Local Supervising Authorities throughout Scotland with Local Supervising Authority Midwifery Officers undertaking this role in a combined capacity with their substantive post. Following a planning process the 15 Local Supervising Authorities were constructed into 3 Regions or Consortiums of Local Supervising Authorities, the North, the South East, and the West of Scotland and full time officers were appointed to the role of LSA MO. This reporting year then has been a time of transition not only for the West of Scotland but Scotland as a whole.

This will be the first annual report written since the introduction of the role of a fulltime LSA MO and the introduction of the consortium arrangements in the West of Scotland. These arrangements became formal on 6th August 2006 when the full time LSA MO commenced post. Prior to this there were five LSA MO posts in the West of Scotland all of whom had other posts as clinician's, consultant midwife or Head of Midwifery. The consortium of Local Supervising Authorities in the West of Scotland incorporates the LSA's of Ayrshire and Arran(A&A), Dumfries and Galloway(D&G), Greater Glasgow and Clyde(GGC) and Lanarkshire(L).

The role of the LSA MO and LSA

The NMC (2004) Midwives rules and standards specify that each Local Supervising Authority shall appoint a LSA Midwifery Officer who shall be responsible for exercising its function in relation to the supervision of midwives.

The responsibilities for the LSA are set out in the NMC (2004) Midwives rules and standards. Responsibilities include:-

- Providing a framework of support for supervisory and midwifery practice
- Receiving and processing an annual notification for intention to practise from each practising midwife
- Ensuring that every midwife meets the statutory requirements for practice
- The audit of supervision of midwifery practice
- Investigation of cases of alleged impaired fitness to practise or misconduct
- Determining whether to suspend a midwife from practice in accordance with rule 5 of the midwives rules and standards (NMC 2004)

Names addresses and contact details for personnel within the four LSA'S in the West of Scotland are as follows:-

Local Supervising Authority	Contact Details
LSA MO West of Scotland Consortium of Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock Telephone – 01563 825757 Email–Joy.Payne@aaaht.scot.nhs.uk
Chief Executive of NHS Board Ayrshire and Arran	Mrs Wai-Yin Hatton Eglinton House Ailsa Hospital Dalmellington road Ayr KA6 6AB
Chief Executive of NHS Board Dumfries and Galloway	Mr John Burns Crichton Hall Nithbank Dumfries DG1 2SD
Chief Executive NHS Board Greater Glasgow and Clyde	Mr Tom Divers Dalian House 375 St Vincent Street Glasgow G3 8YZ
Chief Executive NHS Board Lanarkshire	Mr Tim Davidson 14 Beckford Street Hamilton ML3 0TA

Joy Payne came into appointment on August 2006. Prior to this the LSA MO'S from April 1st 2006-August 5th 2006 were as follows:-

LSA	LSA MO	Contact Details
Ayrshire and Arran	Angela Cunningham	01563 825486
Dumfries and Galloway	Brenda Thorpe	01387 243217
Greater Glasgow	Ann Holmes	0141 201 4459
Argyll and Clyde	Betty Adair	01389 754121
Lanarkshire	Noreen Kent	01698 361100

During this year when there was the formation of a consortium of Local Supervising Authorities in the West of Scotland there was also a service re-organisation when Argyll and Clyde separated and Clyde merged with Greater Glasgow to become the NHS Board Greater Glasgow and Clyde.

This reporting year then has been a time of transition for the West of Scotland Consortium of Local Supervising Authorities where the LSA Midwifery Officer has set up networks and communication channels to facilitate the transition from five LSA's and LSA Midwifery Officers to one LSA Midwifery Officer across a consortium.

During this reporting year the Nursing Midwifery Council invited the West of Scotland Consortium of Local Supervising Authorities to take part in a pilot review to test a framework for reviewing Local Supervising Authorities. Preparation for this started to take place in February 2007, with the actual review taking place in May 2007 and therefore details of this will be included in next year's annual report.

1 Introduction

This report covers the period April 1st 2006-31st March 2007. Over 50,000 babies are born in Scotland each year (NHS QIS 2007). In Scotland as a whole it is noted that 80% of the population live in 20% of the land. The West of Scotland Consortium covers 11 sites which provide maternity services. The area is a combination of urban and rural settings and some parts can be considered as remote. There are three community stand alone maternity units within the consortium and also the isle of Arran which has a small maternity unit which is covered by General Practitioners. There are some pockets of deprivation and poverty within the Consortium. All these factors provide challenges to the delivery of maternity services as identified in the document NHS Scotland (2001) – *A Framework for Maternity Services in Scotland*. The Consortium incorporates the following maternity units:-

NHS Ayrshire and Arran	Deliveries
Ayrshire and Arran	3746

NHS Greater Glasgow and Clyde	Deliveries
Greater Glasgow and Clyde-Princess Royal Maternity Unit	5600
Queen Mothers Maternity Unit	3500
Southern General Hospital	3118
Royal Alexandra	3375
Vale of Leven	75 + 2 homebirths
Inverclyde	88+ 1 homebirth

NHS Dumfries and Galloway	Deliveries
NHS Dumfries and Galloway	1450

NHS Lanarkshire	Deliveries
Wishaw Maternity Unit	5066

As is common in many areas in the UK there has been a rise in the birth rate in parts of the West of Scotland and this is also being seen in other parts of Scotland. Part of the SEHD strategy has been to develop workforce planning across the country. Most of the NHS Boards in Scotland will be taking a triangulated approach to workforce planning using Birth-rate Plus an agreed professional judgement tool and a quality assurance tool to inform future service needs. There is no evidence currently to suggest that the increased number of births within the consortium has impacted on the safety and protection of mothers and babies.

2.1 Targets for LSA MO 2006-2007

1. Work to achieve the standards for statutory supervision as set out by the NMC.
2. Ensure seamless handover from outgoing LSA Midwifery Officers to incoming LSA Midwifery Officer
3. Establish the role of regional LSA MO through
 - Establishing effective communication pathways with key stakeholders
 - Reviewing current practice and the function of the mechanism of statutory supervision of midwifery practice
 - Establishing an annual LSA audit throughout the consortium
 - Reviewing existing policies and guidelines
 - Establishing a forum of link supervisors of midwives across the consortia to facilitate communication pathways and ensure sharing of good practice
 - Build on involving users in monitoring the standards of supervision of midwifery practice
4. Engage in networking at local and national levels including becoming a Member of the LSA MO English forum which became the LSA MO UK Forum with the formation of the Regional Scottish LSA Midwifery Officer posts.
5. Undertake an analysis of the standard of supervision across the consortium.

NMC Requirements for the LSA Annual Report – to meet the standards of Rule 16 of the NMC Midwives Rules and Standards

- 3.1 Each Local Supervising Authority will ensure their report is made available to the public**

A hard copy of the report will be made available at each LSA and will be circulated to the NHS Health Board and governance forums. It is also anticipated that there will be a West of Scotland website established in the year 2007-2008 and the report will be published on this website.

Each supervisor of midwives, the Head of Midwifery, Director of Nursing and Lead Midwife for Education will be circulated a copy of the report. The report will also be circulated to Maternity Services Liaison Committees plus local Supervisors of Midwives forums. Other copies will be sent to interested stakeholders or interested parties on request.

3.2 Numbers of supervisors of midwives appointments, resignations and removals

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

The numbers of supervisors of midwives are well established across the consortium. Two of the LSA'S are working above the recommended ratio of 1:15. This ratio is based on an average calculation of supervisors to midwives. There have been some resignations this year three have been due to relocation of the supervisors to another area and four have been due to the retirement of the supervisors of midwives. The remaining supervisors had personal reasons for resigning as supervisor of midwives. These supervisors were offered a leave of absence but declined this option. The majority were offered an exit interview this year. In future all supervisors will be offered an exit interview with the LSA MO. In the LSA of Dumfries and Galloway three of the supervisors of midwives resigned at around the same time the new arrangements for the West of Scotland took place. As the trend was high for this area all the supervisors were offered an exit interview. Only one supervisor took this offer and advised that she felt that she could not contribute fully to both roles and wished to concentrate on her clinical role. The other supervisors did not meet with the LSA MO.

Parts of the West of Scotland has a fairly static workforce with an ageing workforce. These issues are very pertinent in considering the recruitment and retention of supervisors of midwives. On the face, of it, currently it appears to be more difficult to recruit new supervisors in Dumfries and Galloway and Ayrshire and Arran than the other two

areas. The supervisors in Ayrshire and Arran consider that one of the problems in recruiting new supervisors is due to low staff turn over. Therefore part of the function of the link supervisors of midwives forum in 2007-2008 will be to formulate a recruitment and retention strategy across the consortium. In the interim period adverts have been placed locally and the LSA MO will discuss recruitment of supervisors in midwifery focus groups during the forthcoming LSA audits in an effort to establish any pertinent factors for recruitment. The LSA MO will also attend local forums to monitor the situation and formulate internal strategies for recruitment.

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

There are 11 maternity units across the consortium. All midwives are provided with contact details for their allocated supervisor of midwives and this is usually from within their area of work. The midwife may change her named supervisor if she so wishes and if it is possible from within the individual caseload. The majority of the maternity units provide a 24 hour on call rota for supervision of midwifery practice whilst two areas Clyde and Lanarkshire are in the process of establishing a 24 hour on call rota for access to a supervisor of midwives.

All midwives are invited to attend an annual review with their supervisor of midwives. Midwives are contacted by letter and are given general information about statutory supervision of midwifery practice.

The supervisors of midwives are active in many policy groups thus ensuring that supervision of midwifery is pivotal in leading change and that the supervisors of midwives are visible as leaders to the midwives. In three of the LSA's the supervisors may be on a forum in their dual role and in future there will be a designated supervisor on relevant forums, for example clinical risk forum.

All midwives submit their intention to practice to their supervisor of midwives which is then submitted to the LSA.

Some of the units have information boards on statutory supervision of midwifery practice and also have posters in some units promoting professional development days.

An audit has not taken place to evidence this standard this year, due to the formation of the new fulltime post of LSA MO, but a planned schedule of LSA audits across the consortium has been established and this standard will be audited alongside the other standards.

3.4 Details of how the practice of midwifery is supervised

There is a framework for the supervision of midwifery practice in the Scottish document Statutory Supervision of Midwives in Scotland which has been accepted across Scotland. The document covers the topics

related to statutory supervision of midwifery practice. Each supervisor has an individual copy.

The LSA's in Dumfries and Galloway, Lanarkshire and Ayrshire and Arran also have local guidance and policies to supplement the Scottish document.

Prior to August 2006 each LSA had a link supervisor of midwives. This model has been retained within the consortium of West of Scotland Local Supervising Authorities, with the establishment of a link supervisor of midwives forum across the consortium to ensure that there is a flow of information between the LSA MO, each LSA and also between each LSA in the consortium. It is also a forum to develop and enhance supervision of midwifery across the consortium by shaping a model for supervision across the consortia and also fostering the sharing of best practice. All areas are represented on this forum however one LSA sometimes has difficulty in attending these meetings. Currently the focus of this forum is to ensure the appropriate strategic direction is established across the consortium and also that best practices are shared and are taken back to local levels. This model will be reviewed continually as the role of the full time LSA MO evolves.

All supervisors of midwives have e-mail addresses which aid communication between supervisors and their supervisees as well as each other and the LSA MO. Each supervisor of midwife can contact the LSA MO by email or telephone.

All midwives intending to practice in this LSA notify their intention to practice in accordance with the NMC (2004) Midwives rules and standards. Each midwife is expected to meet annually with her named supervisor of midwives at least once a year where professional development and midwifery practice skills development training requirements are discussed at this meeting. Two LSA'S report anecdotally that not all midwives are meeting annually with their supervisor of midwives. Ayrshire and Arran have had an away day in the reporting year and have made a plan to establish a programme of workshops on supervision of midwifery practice. Dumfries and Galloway have been discussing ways to achieve this in their local forum. This needs to be developed further.

The supervisors of midwives undertake regular audits of midwifery records

The supervisors of midwives hold local meetings to discuss issues pertinent to supervision of midwifery practice both at a local level to reflect on supervisory issues pertinent to their area and as just identified there is also now a West of Scotland link supervisors of midwives forum to establish a strategic approach to supervision across the consortium.

Supervisors of midwives have an allocated place on the maternity clinical risk management group which ensures supervisory input into the analysis, review and implementation of actions following all clinical incidents.

The supervisors also have an allocated place on the maternity clinical effectiveness group which ensures supervisors of midwives have a pivotal role in developing clinical guidelines that are evidence based.

Following the local LSA Audit Supervisors of midwives at a local level should develop an action plan based on recommendations from the report for action for the following year.

The supervisors of midwives in Greater Glasgow and Clyde also hold rotational workshops on supervision of midwifery for student midwives. These workshops have been done in conjunction with supervisors of midwives within the HEI and who were instrumental in starting this programme with supervisors in clinical practice.

In Ayrshire and Arran and in Clyde, the student Midwives are allocated a named supervisor of midwives from within the HEI. The students are given information on supervision of midwifery practice. In Lanarkshire student midwives are allocated a named supervisor of midwives for the duration of their training with the intent that if they have a substantive post when qualified they will retain their supervisor of midwives.

The supervisors of midwives in Clyde also took part in a vision building exercise with the LSA MO to assist in developing a strategy for the supervision of midwifery practice across the consortia.

3.4.1 LSA Annual Audit

In this reporting year an audit of the statutory function of the practice and supervision has not been undertaken. This was due to the formation of the new arrangements in the West of Scotland where there has been an embedding in period for the LSA MO.

During the year 2006-2007 the West of Scotland Link Supervisors of Midwives forum was established and this forum has developed a programme for a LSA audit across the consortium in this reporting year for the year 2007-2008. This process has been based on the LSA audit in the London Local Supervising Authorities where a self assessment audit tool is circulated to each unit. The self assessment tool is completed by the individual site and is submitted to the LSA MO. An audit team consisting of the LSA MO and two supervisors of midwives from other LSA'S and service users then visit the unit with the LSA MO and verify the evidence given against the audit tool, and conduct focus groups with midwives, supervisors of midwives and students in an effort to triangulate the evidence. As well as auditing the function of supervision of midwifery practice it is also meant to promote sharing of good practice of supervision of midwifery across

the consortium and also develop any challenges required in practice. The programme of LSA audit has been established for 2007-2008 and will be reported on in that report (**appendix 1**). A survey will also be conducted on all supervisors and midwives in the whole consortia based on an audit tool documented in the Scottish LSA Forum (2005) *Statutory Supervision of Midwives in Scotland*.

A LSA audit was undertaken in the year 2005-2006 in Ayrshire and Arran and Greater Glasgow. The audit in Ayrshire and Arran and in the Glasgow area demonstrated that the mechanism of supervision was functioning in those areas.

3.4.2 Professional Development for supervisors of midwives

The NMC held a workshop for supervisors of midwives in Scotland on 'The implications of a maternity unit hospital placed on special measures'. This was well attended by supervisors across Scotland.

The supervisors of midwives in the LSA Greater Glasgow and Clyde have had a conference in February on the role of the supervisor and public protection to update their knowledge in this aspect of supervision (appendix).

The LSA MO is in the process of organising an annual conference for the supervisors of midwives in the West of Scotland. In future years there will be skills based workshops for supervisors of midwives and a conference for the West of Scotland on an annual basis.

3.5 Evidence that service users have been involved in monitoring Supervision of midwives and assisting the local supervising authority midwifery officer with annual audits.

As an annual audit has not taken place service users have not been involved in monitoring supervision of midwifery practice. Service users were involved in the previous years audit in Greater Glasgow. In Lanarkshire a service user sits on the supervisors of midwives forum. It is intended that service users will continue to be involved in the LSA annual audit. There is a need to develop links with users to develop robust forums and links for the future. A sub group of supervisors will be set up across the consortia of local supervising authorities to foster user involvement in supervision of midwifery practice.

In three of the LSA'S there is an active Maternity Service Liaison Committee with good representation from both users and supervisors of midwives. The other LSA intends reconvening their local committee.

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

There are very good links between each of the LSA's and the HEI's which are the Glasgow Caledonian University, the University of Paisley and Bell College in Lanarkshire.

Supervisors of midwives regularly contribute to education programmes for student midwives on a variety of topics including statutory supervision of midwifery practice. There are a series of supervision open days for student midwives that as stated earlier are co-ordinated between Glasgow supervisors and Glasgow Caledonian University. In the other areas each cohort of students is allocated a supervisor of midwives.

Each of the HEI's have been very supportive of the role of a fulltime LSA MO in the West of Scotland and have worked hard to support supervision of midwifery and include supervisors and the LSA MO in curricular planning. The HEI providers have also indicated that they will help facilitate training days for supervisors with the LSA MO.

Glasgow Caledonian University also provided facilities for a NMC workshop in the reporting year.

3.7 Details of any new policies related to the supervision of midwives

Following the launch of the Scottish document in 2005-2006 of Statutory Supervision of Midwifery in Scotland, there has been no strategic national policies in the reporting year. Greater Glasgow and Clyde have introduced a revised policy on auditing midwifery records. Ayrshire and Arran supervisors of midwives have introduced local guidance on, Nurses in the Maternity Unit, Midwives working in NNU, and also Communication of issues raised through supervision and Maternal Death guidelines.

In future guidance and policies related to supervision of midwifery practice will be adopted or developed on a UK basis via the LSA MO UK Forum of which the Scottish LSA Midwifery Officers have become members. The format for ratification of these policies or guidance will be agreed in the Link supervisors of midwives forum and the national LSA Scottish forum.

3.8 Evidence of trends affecting midwifery practice in the Local Supervising Authority

Greater Glasgow and Clyde have undergone a major re-organisational change within the reporting year with the merger of Greater Glasgow and Clyde. The supervisors have worked hard to create a single approach across the LSA which incorporates approximately 15,700 deliveries which is a remarkable achievement. There is a diversity of practice and skills across the LSA which supervisors of midwives can share in their forums. The supervisors in Glasgow and Clyde are currently working very hard to build on a culture of normality within the units, with the Southern Maternity unit and the community maternity

unit in the Royal Alexandra and Inverclyde and Vale of Leven already offering an established complementary therapies service for women.

Midwives throughout the West of Scotland are supported by supervisors of midwives in developing new skills. Supervisors of midwives are pivotal in developing strategies to promote normal birth, home birth and water birth. Historically there has been a low uptake in home birth and water birth in parts of the West of Scotland. In recent years more women are now requesting the options of home birth and water birth as their choice for birth. It is well documented that birth takes place in medical environments (Walsh 2004) and the supervisors across the West of Scotland are working hard to promote normality in birth and also preparing midwives to have confidence in practice areas they may not have been exposed to before. This must be commended.

A further matter is that there are midwives practising in the neonatal units and managers and supervisors are developing plans to ensure the midwives maintain PREP requirements and managers are also developing future workforce plans for skill mix in this department.

3.9 Details of the number of complaints regarding the discharge of the Supervisory function

There have been no complaints in this reporting year.

3.10 Reports on all the Local Supervising Authority investigations through this year

If the LSA has any concerns about a midwife's practice the LSA MO will initiate an investigation. If there is clear evidence that the midwife's practice has posed a significant risk to women or their babies then the LSA may suspend the midwife from practice and refer the registrant to the NMC. There has been one LSA investigation in the reporting year.

LSA investigation	Key Trigger	Nature of investigation	Conclusion	LSA Action
1. GGC	Midwifery actions in a home birth and use of supervision	Review of the clinical events and the use of the mechanism of supervision of midwifery practice	Recommendations for the use of supervision of midwifery practice. The need to review reporting mechanisms to the LSA and how to conduct supervisory investigations	Review of reporting mechanism to LSA and establish process for conducting a supervisory investigation

3.10.1 Investigations conducted by a Supervisor of Midwives

If anyone has concerns about a midwife's practice then this should be reported to a supervisor of midwives who will liaise with the LSA MO. The supervisor of midwives should investigate the concerns and make recommendations for action. These could be that a midwife needs a period of supported or supervised practice or suspension from practice. It could be that there is no need for any action.

There have been three supervisory investigations in the reporting year. These all took place in Lanarkshire. Two were related to failure to interpret the CTG and both midwives undertook a period of supported practice which resulted in a satisfactory outcome with no further action required. The third investigation took place following a maternal death where a 17 year old primigravida with a poor social history committed suicide. The investigation resulted in an action plan for introducing more robust systems for communication in perinatal mental health.

3.11 Maternal Deaths

There were five maternal deaths in the reporting year. These are outlined in the table below:-

Maternal Death	Cause	Case Review	Recommendations
Vale of Leven	7 weeks gestation pulmonary embolism	Obese client, booked in by GP, died before full antenatal booking history. Supervisory review	No new recommendations
Princess Royal	11 week postnatal	Drug user. Preliminary findings suggest drug overdose currently awaiting toxicology reports Supervisory review	No new recommendations
Southern General Hospital	Para 3+0 (3 x previous LSCS) 34wks gestation admitted via emergency ambulance to A+E - fixed and dilated pupils on admission Emergency laparotomy which	Full Expert Review undertaken External agencies advised	No changes to practice recommendations.

	revealed intra-abdominal haemorrhage due to rupture of the uterus associated with placenta percreta.		
Lanarkshire	Suicide at 17 weeks gestation	Supervisory Investigation	Action Plan to introduce more robust systems for communication in perinatal mental health
Dumfries and Galloway	Ruptured ectopic pregnancy	Managerial Investigation	Recommendations put in place for practice in medical wards as well as maternity and surgical wards

3.12 LSA Annual Audit

4.1 Communication Pathways

This has been a challenging year and can be viewed as a year to lay a foundation for the LSA to be perceived as part of the West of Scotland consortium of Local Supervising Authorities. It has been very important to forge communication pathways across the West of Scotland, Scotland and nationally across the UK.

The LSA MO meets with the West of Scotland Directors of Nurses every two months. There have been two meetings between the Heads of Midwifery and the LSA MO. These now need to hold more regularly to ensure good communication pathways.

A Link Supervisors of Midwives has been set up in the West of Scotland to discuss supervisory issues and establish a strategy for supervision across the West of Scotland.

The LSA MO has attended local supervisors of midwives meetings. The LSA MO will attend meetings locally but it is eventually envisaged that there will be a difference in approach in forthcoming years which will be based on a consensual agreement as the new arrangements embed across the consortia. All supervisors of midwives have direct access to the LSA MO by email , phone or can arrange a private interview.

The LSA MO has attended UK wide meetings of the LSA MO English forum which has become LSA MO UK wide forum and the LSA MO'S from all four countries attend this forum, to discuss common challenges and to develop a UK wide strategy and also guidance for the supervision of midwifery practice.

The LSA MO also meets with the NMC a minimum of 4 times a year in the NMC LSA MO forum.

There have been 2 Scottish National LSA Forums this year. The structure and format of these forums will be reviewed in the next reporting year when the new LSA Midwifery Officers have embedded individual roles in practice.

5.1 Changes and innovation in practice

Supervisors of midwives across the consortium have been committed to promoting and supporting normal birth. In Lanarkshire there has been a successful campaign called Stand and Deliver. In Greater Glasgow and Clyde and Ayrshire and Arran, supervisors have been pivotal in developing water birth and home birth guidance for midwives.

There has also been a programme established throughout Scotland to promote normality called Keeping Childbirth Normal and Dynamic and supervisors are part of this group.

Supervisors in Glasgow have been involved in a pregnancy pathway steering group and there has also been the development of a post for a Project Midwife for Teenage Pregnancy.

Midwives in most areas have undertaken the examination for the newborn course and implementing this new skill in practice has been challenging and supervisors have been working closely with midwives to overcome these challenges. There is also a full programme of multidisciplinary education- Scottish Multi professional Maternity Development Programme (SMMDP).

In Dumfries and Galloway there has been the establishment of midwife managed care for women deemed to be low risk in the west of the region and in Stewatry.

There are a number of midwives in the West of Scotland who undertake ultrasound examinations.

5.2 Achievements in the reporting year

Supervisors have been active in developing guidance for midwifery practice and in supporting midwives in professional development.

5.3 Clinical Governance

Supervision of midwifery is integral to the clinical governance framework with in all the maternity services. Supervisors participate in clinical risk investigations involving midwifery practice issues. They have dedicated membership on all clinical governance groups including risk management, clinical effectiveness and maternity framework group, Maternity Services Liaison Committee and maternity programme sub group. There is a need to ensure that supervisors are

represented on groups in the single role of supervisor of midwives and not a dual role with their substantive post to raise the profile of supervision even further.

Due to the new arrangements with a full time LSA MO post across the consortia there is a need to ensure there is a robust mechanism in place to ensure serious incidents are reported to the LSA alongside the NHS Board clinical risk management systems. The LSA MO will work with the supervisors to develop a policy with an identified trigger list to report to the LSA to consolidate the clinical governance arrangements between the LSA's and the NHS Boards.

5.4 Changes to the Organisation

Greater Glasgow and Clyde is currently undergoing a service redesign which includes the closure of Queen Mothers hospital with activity being shared between the two maternity units at the Southern General Hospital and Princess Royal Maternity Unit. The supervisors are on service redesign projects to facilitate this activity and to ensure public safety. The supervisors of midwives are proactive within the LSA and the previous LSA MO has worked very hard to achieve a pan Glasgow approach to supervision of midwifery practice which is to be commended. The supervisors from Clyde are in a phase of transition and have joined the supervisor's forum in Greater Glasgow as well as having local meetings. This is aimed to strengthen the mechanism of supervision at a local level.

During this year in Ayrshire and Arran the maternity unit was transferred from Ayr Central to a purpose built maternity unit in Crosshouse Hospital. Supervisors of midwives were part of the planning process thus ensuring safety for women and midwives.

5.5 Clinical Activity

Statistics have been collated from each area and these are tabulated in the appendices. This was the first year for collecting these statistics so they are not all available for this year.

6.1 Targets for LSA MO for 2007-2008

1. Continue to facilitate the transition from five individual LSA'S to a consortium of LSA'S which gives an opportunity to share best practice across the West of Scotland.
2. Embed communication network across the consortium
3. Undertake an annual audit in each LSA
4. Establish trigger list and policy for notifying incidents to the LSA

5. Embed the forum for link supervisors of midwives to ensure effective communication between LSA MO and each LSA.
6. Attend a number of local meetings in each LSA to foster good relations between LSA MO and supervisors of midwives
7. Maintain links with HEI'S
8. Establish a West of Scotland data base and a website to publish LSA guidance policies and annual reports
9. Engage with users
10. Undertake a self assessment of each LSA in meeting the NMC standards
11. Establish conferences bi annually for Supervisors of Midwives
12. Establish a recruitment and retention strategy for supervisors of midwives

7 Conclusion

This report has shown that in general the supervisors across the consortium are committed and proactive. There are examples of good practice within the framework of supervision of midwifery practice. The number of supervisors of midwives is sufficient in two of the LSA' s whilst a recruitment and retention strategy will be developed in the two other LSA's to ensure there are succession plans in place for the future. Supervisors are visible within the organisations and the supervisors are also committed to providing leadership opportunities to each other.

There has been a handover of responsibilities from the previous LSA MO's to myself in this reporting year.

As stated in the report there has not been an LSA audit to verify the standards of supervision, but an LSA audit programme has been established for 2007-2008 and this will take place across the consortia in 2007-2008. A programme has been established.

This year has been a time of transition for the 4 LSA's in what has become the West of Scotland consortium of Local Supervising Authorities. This year has been a foundation year for setting a strategy for the future (appendix) based on the excellent examples of supervision that already takes place in the consortium. The main challenge for the forthcoming year is to continue to establish effective communication links across the LSA boundaries and to establish structures and processes across the consortia of Local Supervising Authorities including a robust LSA audit programme.

Recommendations

- **Continue to forge effective communication links across LSA boundaries**
- **To continue to develop and maintain links with service users**
- **Continue with regular meetings locally, regionally and nationally, working across the region to have robust strategy for supervision of midwifery across the consortia.**
- **Continue to meet the statutory standards for supervision within the LSA**
- **Establish trigger list and guidance for reporting incidents to the LSA MO**
- **Undertake an LSA self assessment**
- **Establish an annual conference across the consortium**
- **Establish LSA audit programme across consortium**
- **Continue to raise the profile of supervision of midwifery**
- **Establish an annual conference across the consortium of Local Supervising Authorities**
- **Establish a data base**

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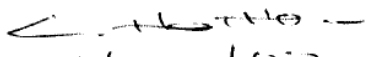



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