



WEST OF SCOTLAND

ANNUAL REPORT TO THE NURSING AND MIDWIFERY COUNCIL

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West of Scotland Local Supervising Authorities

Executive Summary

The Local Supervising Authority (LSA) is responsible for ensuring that the statutory supervision of all midwives and midwifery practice 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.

There are four Local Supervising Authorities in the West of Scotland. A fulltime Local Supervising Authority Midwifery Officer was appointed to the West of Scotland on 6th August 2006 when 15 Local Supervising Authorities were incorporated into three regions within Scotland, the South East, the North and the West. A full time LSA Midwifery Officer was also appointed in the other two regions.

In Scotland the NHS Board acts as the Local Supervising Authority and there are four NHS Boards in the West of Scotland, NHS Board Ayrshire and Arran, NHS Board Dumfries and Galloway, NHS Board Greater Glasgow and Clyde, and NHS Board Lanarkshire therefore there are four LSAs Ayrshire and Arran (A&A), Dumfries and Galloway (D&G), Greater Glasgow and Clyde (GGC) and Lanarkshire (L).

This report follows the guidance set out by the Nursing and Midwifery Council Guidance for LSA Annual report submission to the NMC for the practice year 1st April 2007-31st March 2008.

This is the second annual report for the West of Scotland and steady progress has been made in the reporting year in achieving a strategic approach across the West of Scotland, in achieving the targets identified in the annual report of 2006-2007, and against the risks identified by the Nursing Midwifery Council (NMC) Framework risk register based on that report.

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 in relation to the NMC standards will appear in the appendices of this report identifying the current status in the fulfilment of these standards.

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.

A key achievement this year has been to implement a consistent auditing process across the four LSAs. The West of Scotland has adopted the five LSA standards identified by the previous LSAMO English forum based on the five broad principles set out by the NMC in the Midwives rules and standards (NMC 2004). Each LSA was audited against these standards through a method of self/peer review. By unifying the approach across LSAs throughout the United Kingdom (UK) a consistent standard for the supervision of midwifery practice can be achieved.

The purpose of this report is to provide details on how the statutory requirements for the Supervision of Midwives are being met within the West of Scotland where challenges or risks to this function are identified, an explanation will be provided of how these are being managed to ensure that there is a safe standard of care for the public.

West of Scotland Local Supervising Authorities

1.0 Introduction

This report covers the reporting year for the West of Scotland from the 1st April 2007-31st March 2008 and has been produced to meet the requirements of Rule 16 of the NMC (2004) Midwives rules and standards and Articles 42 and 43 of the Nursing & Midwifery Order 2001 which requires that the practice of midwives is supervised to a satisfactory standard. The purpose of the statutory supervision of midwives is to protect the public and to support and promote good midwifery practice. Each Local Supervising Authority (LSA) is responsible for ensuring the standard of statutory supervision of midwifery practice.

1.1 There are 54 standards that should be met by LSAs and Supervisors of Midwives (NMC 2004) and a self assessment for these will be included in the appendices. Where standards are not met, or only partially met, action plans for achievement have been developed in conjunction with supervisors of midwives.

1.2 The NMC have developed a risk scoring framework to determine the risk within LSAs against the 54 NMC standards. The West of Scotland had a risk score of 129 in a range of 15-205 across the UK for the reporting year 1st April 2006-31st March 2007 (appendix 2). The risks identified for the West of Scotland identified by the NMC were:-

- Supervisors of midwives to midwife ratio above 1:20
- The description of how midwives are provided with continuous access to a supervisor of midwives was not described
- No evidence that continuous access to a supervisor of midwives is audited
- LSA audit process not described
- LSA audit process not undertaken
- Public user involvement in supervision audits not described
- Public user involvement in supervision could be enhanced
- No description of complaints process
- Inadequate supervisory framework in place to meet the Midwives rules and standards across the LSA
- Concerns about the function and performance of supervision within the LSA.

The LSAs within the West of Scotland have made steady progress in reducing risk both at a local level and across the region. Foundations have been laid during this reporting year to address these issues which will strengthen supervision of midwifery in the future.

The following targets were identified for action in the first West of Scotland Annual review, of 2006-7.

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

1.3 During 2006-2007 the West of Scotland contributed in a NMC pilot study to establish a framework to review LSAs. Subsequently the NMC have established a framework that assesses risk in LSAs against the 54 standards. Individually a LSA may not have all the risk factors that are identified across an area of LSAs. Details relating to risk scores pertinent to an LSA in the West of Scotland will be identified throughout the report.

The pilot review generated some recommendations to assist the LSAMO in identifying priorities and the recommendations have assisted in establishing the strategic direction for the supervision of midwifery practice during the reporting year 2007-2008.

The recommendations from the pilot review and the subsequent action points are as follow:-

- The LSAMO should continue to embed a communication network across the LSA, for example, using the link supervisor of midwives forum. The aim being to facilitate ease of contact and the

distribution of information to all supervisors of midwives and other LSAs.

Action: A West of Scotland link supervisor of midwives forum was established during this reporting year. The LSAMO in partnership with the link supervisor of midwives forum and all supervisors of midwives have worked together to address the risks identified by the NMC. A strategic approach for supervision of midwifery practice has also been created through this forum, sharing strengths and challenges from each LSA to ensure an effective and consistent discharge of the statutory function of midwifery practice. There is a link supervisor of midwives from each maternity unit and Higher Education Institute (HEI) on the forum and the link supervisor of midwives is nominated by her peer supervisors. All supervisors of midwives will have the opportunity to be on this forum.

- The LSAMO should use the LSAMO UK Forum as a tool to identify best practice and share and promote this across the LSAs.

Action: The LSAMO is also a member of the LSAMO Forum UK which has a strategic direction that aims to ensure midwives working in any part of the United Kingdom will have the standard of supervision of midwifery practice wherever they are based.

- The LSAMO must undertake annual audits of midwifery practice and statutory supervision of midwives within each maternity service using the UK LSA standards for statutory supervision of midwives. The review team acknowledge that a programme of audits had already been established prior to the review.

Action: During the reporting year 2006-2007 a LSA audit was not undertaken. This was largely due to planning taking place to implement a process for LSA audit across the West of Scotland consisting of a peer review approach and also participation in the NMC pilot review to establish a framework for reviewing Local Supervising Authorities. Self/peer review is recognised as a powerful tool that stimulates professional development and decentralises power, creating awareness of personal accountability (Cheyne, Niven & McGinley (2003). This method is also used in many of the LSAs across the United Kingdom and therefore gives a consistent approach in auditing the standards of supervision across the UK. This method was implemented in 2007-2008 in the West of Scotland and is a key factor in reducing the identified risk score by the NMC in the West of Scotland.

- Supervisors of midwives are required to notify the LSAMO of incidents within a maternity service where actual or potential harm has occurred. The LSAMO plays a pivotal role in the clinical governance framework and is expected to promote openness and transparency as the role is impartial and does not represent the interests of any health service provider. A policy with an identified

trigger list would assist supervisors of midwives in identifying matters that they require to report to the LSAMO.

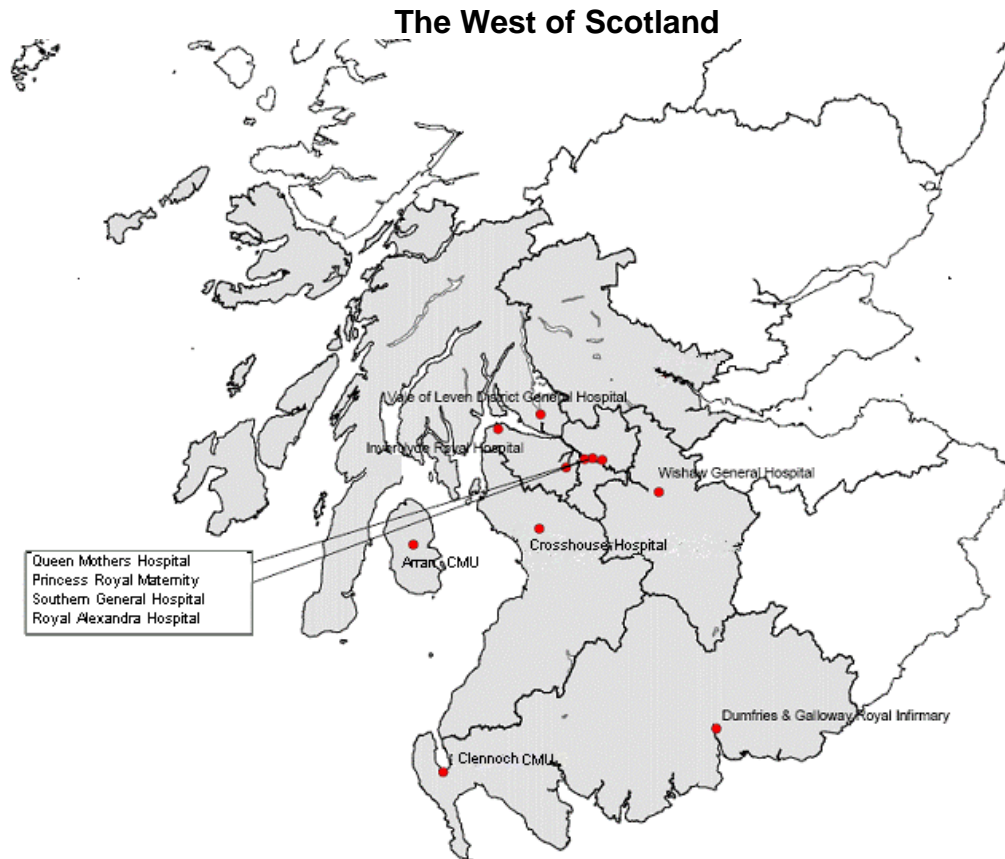
Action: A function of the West of Scotland link supervisor of midwives forum is to review policies and guidelines pertinent to supervision. The forum has also developed Guidance for Supervisors of Midwives on the reporting and monitoring of serious untoward incidents.

- Establish a West of Scotland LSA database to assist with the compilation of data across the region and promote benchmarking.

Action: This is currently in process of development.

1.4 Demography of the West of Scotland

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



The hospitals providing maternity services are:-

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

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

1.5 The West of Scotland has a population of approximately 1.5 million people with approximately 26,341 births per annum. There is a mixture of remote and rural areas and urban communities across the region. There are high levels of deprivation and high levels of addiction. There are also high levels of immigrants from Eastern Europe in the communities which bring challenges such as late booking for maternity services, poor health status and language difficulties. All these issues pose risk to women and their children, a fact reinforced in the Confidential Enquiry into Maternal and Child Health (2007) *Saving Mother's Lives* which reports maternal deaths amongst immigrant women from the new member states of the European Union. Supervisors of midwives, alongside the multi disciplinary team, are conscious of this when planning for and delivering maternity care.

1.6 NHS Dumfries and Galloway cover's approximately 2,500 square miles. Dumfries and Galloway NHS Board provides services and care for a population of approximately 147,000 with 1480 births annually. The location is widespread in this remote and rural part of Scotland. In terms of deprivation, the Board has particular challenges in targeting care for those women and families most in need.

1.7 In NHS Greater Glasgow and Clyde there is a population of 1.1 with 65% of children living in the Carstairs Score Deprivation Categories 6 or 7. There are 15,649 births annually. 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.

1.8 NHS Ayrshire and Arran covers a wide geographical area encompassing remote and rural areas including two islands Arran and Millport. The population is 367,140 with 3794 births per annum. There are densely populated areas within the area. There are considerable variations in health and deprivation in Ayrshire and Arran and work is being undertaken to reduce the health inequalities in the area.

1.9 NHS Lanarkshire covers a wide geographical area covering rural areas and densely populated towns. There are high levels of deprivation in this area. Lanarkshire has a population of 557,088 with 5418 births. Lanarkshire has an ethnic minority population of less than 2%.

1.10 The Local Supervising Authorities in the West of Scotland

There are four Local Supervising Authorities within the West of Scotland and the NHS Boards act as the LSA. The Chief Executives and LSAMO details are as follows

Local Supervising Authority	Contact Details
LSAMO West of Scotland Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock KA2 0BB Telephone 01563 825757 Email joy.payne@aaaht.scot.nhs.uk
Chief Executive of NHS Board Ayrshire and Arran	Wai-Yin Hatton Eglinton House Dallmellington Rd Ayr KA6 6AB Telephone 01292 513648 Email wai-yin.hatton@aaaht.scot.nhs.uk
Chief Executive of NHS Board Dumfries and Galloway	John Burns Crichton Hall Nithbank Dumfries DG1 2SD Telephone 01387 272734 Email John.Burns3@nhs.net
Chief Executive NHS Board Greater Glasgow and Clyde	Tom Divers Dalian House 375 St Vincent Street Glasgow G3 8YZ Telephone 0141 207 4642 Email Tom.Divers@ggc.scot.nhs.uk
Chief Executive NHS Board Lanarkshire	Tim Davison 14 Beckford St Hamilton ML3 0TA Telephone 01698 206311 Email tim.davison@lanarkshire.scot.nhs.uk

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

This report will be distributed to

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

A web site is being developed for the West of Scotland LSAs which will go live shortly; the report will be published on the website. The web site when live will be accessed on www.midwiferysupervision-woslsas.scot.nhs.uk

3.0 Numbers of Supervisor of Midwives Appointments and Referrals

3.1 There are currently 113 supervisors of midwives in the West of Scotland. In total 1865 Midwives submitted an Intention to Practice form (ITP) by the 31st March 2008 which gives a ratio of 1 supervisor of midwives to 16 midwives across the consortium. Some of the midwives submitted an ITP to more than one of the four LSAs and this accounts for the difference in the total shown below in table 1. Also as can be seen on table 1 below there is a variation in the ratio of supervisor of midwives to midwives across the four LSAs with three of the LSAs with a ratio above 1:15. Lanarkshire is committed to achieving a ratio of 1:10 and have successfully reached their target. The Supervisor of midwives to midwife ratio was identified as a risk by the NMC following last year's annual report. The NMC Risk Register Key which was developed following the pilot review of Local Supervising Authorities as a means to determine any risks in a LSA has been applied to the table and will be applied to all tables throughout the text where applicable. Table 2 depicts the number of supervisors of midwives appointments, resignations and leave of absence for the year 2006-2007.

Table 1 2007-2008

LSA	Number of Supervisors of Midwives	Number of M/WS	Appointments	Resignations	Leave of Absence	Ratio of SOM:MW
A&A	16	310	2	0	2	1:19
D&G	6	128	0	1	0	1:21
GGC	53	1013	3	3	1	1:19
L	38	337	11	1	0	1:9
Total	113	1788	16	5	3	1:16

Key to Risk Severity

Risk Green=Low Yellow=Moderate Red=High

Table 2 2006-2007

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

Currently there are a further 13 midwives undertaking the preparation programme to become a supervisor of midwives which commenced in March 2008 and they are due to qualify in the autumn. This will reduce the ratio to 1:14 across the West of Scotland as a whole and will reduce the ratio in two LSAs, Greater Glasgow and Clyde and Ayrshire and Arran.

3.2 During 2007-2008 there were 16 appointments within the West of Scotland. Lanarkshire aims to maintain a ratio of one supervisor of midwives to ten midwives and this is supported by the Director of Nursing in this NHS Board as a standard of best practice due to the proactive nature of statutory supervision in safe guarding the public.

In this LSA a number of midwives had already undertaken the preparation course within the last three years; those who applied to be Supervisors of midwives were interviewed by a panel which included peers and the LSAMO. Of these midwives 11 were appointed as supervisors of midwives.

The three other LSA'S are working to achieve a ratio of 1:15. Recruitment and retention of supervisors of midwives was identified as a key target in the 2006-2007 report. In two of the LSAs, Ayrshire and Arran and Dumfries and Galloway where there have been particular difficulties in recruitment, workshops have been held to promote and profile the role of the supervisor of midwives. The West of Scotland link supervisor of midwives forum is also targeting recruitment and retention of supervisors of midwives as a priority action and this has also been included in a West of Scotland Supervisors of Midwives action plan (appendix 3). Active recruitment strategies are continuing to take place into the year 2008-2009 to achieve the ratio of 1:15 in each LSA.

3.3 Part of the active recruitment strategy has included incorporating the views of some of the student supervisors of midwives who shadowed supervisors of midwives to a West of Scotland link forum to generate new ideas for recruitment. As well as workshops and speaking to individual midwives in areas of low recruitment, each midwife has been sent an individual advert specifying the requirements and skills needed to be a Supervisor of midwives. This strategy was undertaken to address the findings identified in the LSA audits of 2007 -2008 that many midwives, although experienced for many years, did not feel confident enough despite their experience to become a supervisor of midwives.

The audit also identified in one LSA Dumfries and Galloway that there was an extremely supportive culture within the unit and therefore the staff had not perceived the need to seek support from a supervisor of midwives and supervision of midwifery did not have a high profile amongst the staff in the unit. The LSAMO, the Head of Midwifery and supervisors of midwives in this LSA produced an action plan (Appendix 4) and have worked actively to profile supervision and the value of supervision of midwifery practice. This is being met with a large degree of success.

3.4 No Supervisors of midwives preparation programmes were undertaken during 2006-2007 and part of 2007-2008 as the curriculum was being redesigned to meet the NMC (2006) *Standards for the preparation and practice of supervisors of midwives*. The new preparation programme delivered by the University of the West of Scotland commenced in March of this year and incorporates two modules at Bachelor of Science or at Masters Degree level. There are 13 student supervisors of midwives from the West of Scotland currently on these programmes.

3.5 There has been a measure of success following both the recruitment drive and raising the profile of the role of the supervisor of midwives as there are now twenty potential candidates due for interview for the September 2008 preparation programme. Out of the twenty potential students for the September course, five of these nominations are for the LSA Dumfries and Galloway which had the most difficulty in recruitment. Active recruitment will also be maintained for the following preparation programme in February 2009. This year the West of Scotland has adopted the LSAMO Forum UK Guidance for the selection and appointment of supervisors of midwives. The midwives either self nominate or are nominated by their peers. They are then interviewed by a panel which includes their peers. When appointed all students will be mentored for the first three months by an experienced supervisor of midwives.

3.6 During this year there were five resignations. Two due to heavy clinical commitments, one to obtaining a substantive role outside of midwifery and two due to relocation

3.7 There were three episodes of leave of absence. One supervisor of midwives had a secondment opportunity and two supervisors of midwives had heavy clinical commitments during this time.

3.8 The ratio of supervisors of midwives to midwives for the previous two reporting years is shown in Tables 3 and 4.

Table 3 2006-2007

NHS Board	A&A	D&G	GGC	L
No of Supervisors of Midwives	16	7	54	27
Ratio	1:18	1:18	1:15.5	1:15

Table 4 2005-2006

NHS Board	A&A	D&G	GG*	C*	L
No of Supervisor of Midwives	15	9	40	16	29
Ratio	1:20	1:13	1:16	1:15	1:14

*Greater Glasgow and Clyde merged in 2005 prior to this they were 2 LSA'S

It can be seen that in the past two years, there have been slight variations in the ratio of supervisor to midwife with a higher ratio generally for the year 2007-2008. As previously discussed, there is an action plan in place to ensure sustained progress in recruitment and retention which is now proving successful in reducing the ratio of supervisor of midwives to midwife.

3.9 Currently the supervisors within the units are maintaining their commitment to supervision of midwifery practice and achieving the NMC requirements. Where there are challenges, the supervisors of midwives agree actions at a local level and seek the support of the LSAMO. All issues are discussed in local meetings and also at the West of Scotland link supervisor of midwives forum, where ideas are shared and strategies developed for both the West of Scotland and individual LSAs.

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

4.1 All midwives have a named supervisor of midwives; midwives are either allocated a supervisor of midwives or are given a choice. If they are allocated a supervisor of midwives they are advised they can request a specific supervisor of midwives or request a change of supervisor of midwives. In some cases if the preferred supervisors of midwives case load is too full the midwife may have to have a second or third choice. This was evidenced in the audit process and by speaking to midwives during the LSA audits.

4.2 All midwives whatever their employment status have access to a supervisor of midwives on a 24 hour basis through a published 24 hour on call rota. Last year, two units in two LSAs did not have an established on call rota system. The process was not audited in 2006-2007 due to the development of the new arrangements in the area and laying firm foundations for the future. These factors were undertaken in participation with the supervisors of midwives. As an audit was not conducted this was identified as a risk by the NMC see table 5 below.

Table 5 Reporting year 2006-2007

Summary of Concern	Source	Risk	Risk Score
Description of how midwives are provided with continuous access to a Supervisor of midwives not described by LSA	LSA Annual Report	That in an emergency midwives may have lack of clarity about how to contact a supervisor of midwives, thereby delaying a decision that may have an influence on the outcome for a mother or baby	12 Amber
No evidence that continuous access to a Supervisor of midwives process is audited so lack of assurance that process is working	LSA Annual Report	Process may not be working effectively which may have an impact in emergency situations	12 Amber

Action: During 2007- 8 both areas that did not have a 24 hour on call system have now implemented an on call rota. During the LSA audit in 2007-08 rotas were available as evidence in all the LSAs. One rota was in the process of being established at the time of the audit and had just been implemented into practice. The 24 hour availability of a supervisor of midwives was further evidenced in focus groups with midwives during the LSA audits. All midwives were able to identify how to access a supervisor of midwives on a 24 hour basis in each LSA.

4.3 Midwives can contact their own or any other supervisor of midwives via the on call rotas. In some of the areas midwives can contact the on call supervisor of midwives through the switchboard, in other areas the Unit co-ordinators held the rota. The midwives were able to identify in the LSA audit where they could obtain this information.

Midwives generally called a supervisor of midwives for advice and support. In one LSA the supervisors of midwives reported that they could be called by midwives when they challenged medical staff to support them in their decision. This can be seen as an example of good practice.

4.4 Midwives are advised who the supervisors of midwives are by letter or information leaflets. All supervisors of midwives have been issued with a lanyard this year denoting that they are a supervisor of midwives to make them easily identifiable to midwives and members of the public.

4.5 Student midwives are either allocated a supervisor of midwives or given the contact details of a supervisor of midwives. During the LSA audits, student midwives were present to take part in the process, and could identify their supervisor of midwives. All were positive about the role of the supervisor of midwives and the support they could expect in practice when qualified as a midwife. This is encouraging for the future of supervision of midwives.

5.0 Details of how the practice of midwives is supervised practice

5.1 During the reporting year 2007-2008 the West of Scotland link supervisors of midwives forum established a consistent approach to audit the supervision of midwifery practice across the four LSAs. Standards have been developed in England by the LSA Midwifery Officers and these standards have now been assimilated for use to ensure a consistent approach to audit the standards for supervision of midwifery practice across the UK.

The standards depict the minimum standard of statutory supervision to be achieved. Prior to this an audit had been undertaken in two of the LSAs in 2005-2006. The audit process was planned in 2006-2007 to ensure a consistent approach was in place across the region and was rolled out in 2007-2008. The supervisors of midwives on the West of Scotland link forum were pivotal in the planning and implementation of a consistent

audit process in each LSA. As an audit had not been undertaken in 2006-2007 it was identified as a key risk in the NMC risk register see table 5.

Table 5 2006-2007

Summary of Concern	Source	Risk	Risk Score
LSA audit process not described so NMC not assured that an effective supervisory framework took place	LSA Annual Report	Effective framework may not be in place and therefore unable to protect the public	12
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	20
Public user involvement in supervision audits not described	LSA Annual Report	Minimal user input into development of supervisory framework	12
Inadequate supervisory framework in place to meet the Midwives rules and standards across the LSA	LSA Annual Report	Effective supervisory framework not in place and therefore unable to protect the public	15
Concerns regarding the function and performance of supervision within the LSA	LSA Annual Report	Effective supervisory framework not in place and therefore unable to protect the public	15

Action: This risk has now been reduced with the implementation of peer LSA audit across the West of Scotland. The LSA audit tool incorporates five LSAMO standards (see below) based on principles set out in the Midwives rules and standards (NMC 2004). A model of peer assessment has been established this year to monitor these standards within the West of Scotland involving an audit team comprising of two supervisors of midwives from other units, a service user, and the LSAMO. The LSA audits took place between June and October of 2007. It was not possible to have a service user as part of the audit panel in each of the eleven sites, but a service user was on an audit panel in each LSA. This is being further developed for subsequent years to ensure user presence on the audit panel in each site. 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 and a third of practising midwives who were randomly selected in the West of Scotland as a further method to substantiate the evidence. The findings from the surveys, the audit and the focus groups were consistent in each LSA.

Feedback was given at the end of the day and was followed by a written report. Where standards were not met, or only partially met, the supervisors of midwives from each LSA developed an action plan for the forthcoming year. Where users were present in individual audits, they made positive contributions and meaningful comments, often with a fresh perspective. For example in one LSA the supervisors of midwives expressed concerns that they felt they were seen as big brother. It was evident that the midwives did not have this view and felt supported by the supervisors of midwives. The service user highlighted this to the supervisors in the feedback session and also the positive aspects of supervision as reflected by the midwives themselves.

The audit process provided a focal point for the West of Scotland as a consortium of LSAs in creating a strategic approach to supervision of midwifery practice across the region. The supervisors of midwives who took part in the audit process were able to share aspects of good practice with each other and also contribute to developing supervision of midwifery practice further when challenges were identified in individual LSAs. All supervisors of midwives identified with the experience as an opportunity to share best practice with each other and as a positive learning experience. Furthermore, it was also identified that the audits gave supervision of midwifery practice a high profile in each unit which has contributed to developing the supervision of midwifery practice even further.

The LSAMO will undertake an annual audit visit with an audit team on each site to assess performance against the five standards and to verify evidence against the audit tool.

5.2 Themes emerging from audit of LSA standards

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

Much work is being undertaken by all supervisors of midwives in each area to promote women centred care and promote normality in childbirth. Information was available for women on supervision but it was identified in the audits that women were not conversant with statutory supervision of midwifery practice. Therefore the supervision of midwifery practice will be profiled to women over the forthcoming years. This will include supervisors of midwives writing to women in their capacity as supervisors and recording conversations and care plans for women and their families.

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

Three of the areas did not meet the recommended ratio of Supervisors of midwives to midwives but as discussed earlier, this is a priority target within the West of Scotland. Supervisors of midwives are provided with designated time for supervision but clinically based supervisors often reported difficulty in taking time. This is identified as a priority to address.

All other standards were met in this section and midwives generally reported that they were supported by their supervisor of midwives.

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

All midwives were aware of who their supervisors of midwives were and saw them as a group of leaders. There is a need to develop midwives as

potential supervisors of midwives and give them confidence to become leaders in order to ensure succession planning.

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

In two of the LSAs, Ayrshire and Arran and Dumfries and Galloway, some midwives did not always recognise the requirement to meet with their supervisor of midwives. This requirement is being stressed throughout those areas this year and will be assessed in the next audit. Supervisors of midwives also take a part in developing programmes or workshops for midwives to gain new skills and this will also be developed further. Most midwives felt supported by supervisors of midwives.

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

In all areas supervisors of midwives had contributed to developing evidence based guidelines to support midwives in their practice. Supervisors of midwives sometimes attended meetings in their dual role of clinician/manager/ Supervisor of midwives. Over the next year a supervisor will sit on relevant forums in their capacity as a supervisor of midwives only. This has been identified in the report.

Standards were on the whole met verbally and in some part through documented evidence. Documentary evidence will be developed further over the next year and the role of the supervisor of midwives will be profiled further through a designated place in meetings or relevant forums and meetings and sessions with staff.

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

5.3 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 also undertakes an annual review with the midwife. The ITP is signed by the midwives supervisor and details are entered on a database and submitted to the NMC. Supervisors are responsible for checking the registration status of midwives in their caseload.

Each LSA uses a review form pertinent to their area and it is used as a means to discuss learning needs, professional development needs and to discuss any concerns the midwife may have.

During the LSA audit visits it was noted in two of the LSAs, Ayrshire and Arran and Dumfries and Galloway that not all midwives met with their

supervisor of midwives annually to agree their development needs. It was evident in the audits that not all registrants were aware of the requirement to meet annually with their supervisor of midwives. Both LSAs have made action plans in relation to this, and held awareness raising sessions on the role of the midwife and the registrant. The LSAMO has also held workshops in one of the LSAs profiling the role of the supervisor of midwives and the role of the registrant in partaking in an annual review with their supervisor. Compliance of this standard will be re-audited in the LSA audits for 2008-2009.

5.4 Communication with supervisors of midwives

Supervisors of midwives also attend local meetings in each LSA which are either chaired by a link supervisor of midwives, a nominated chair from the local forum or in the case of Greater Glasgow and Clyde the LSAMO. All business related to supervision of midwifery is discussed in these meetings. The LSAMO has an open invitation to attend all of these meetings. Two of the LSAs review clinical risks in practice which are generated through the risk management process. This will be developed over the next year to share concerns in practice and to make plans to improve and develop practice.

The LSAMO disseminates information through the link supervisor of midwives forum, by letter, or by an update if attending local meetings. Any issues raised by supervisors of midwives would be taken to other forums or personnel as appropriate.

Each unit has a nominated link supervisor of midwives in each LSA who attend the West of Scotland link supervisors of midwives forum, where strategic planning takes place across the consortium as the new arrangements take shape. These meetings are held bi-monthly. The link supervisors represent the views of the supervisors from the local forums. Supervisors of midwives from the HEI's are also represented on this forum to ensure cohesiveness in the approach and planning of supervision from both a clinical and educational perspective.

Information from the LSA is sent by email either to each individual supervisor of midwives or to the link supervisors who act as a conduit for information between the LSAMO and supervisors in local units. The long term aim is that all supervisors of midwives will have the opportunity to rotate into the role of link supervisor. A web site is also being developed in 2008-9 which will provide local information related to the supervision of midwifery practice. It will also incorporate a news letter for all supervisors of midwives.

All supervisors of midwives can access the LSAMO by email or by telephone. The LSAMO will also attend one to one meetings if required. The LSAMO is always available to provide individual advice or support to supervisors of midwives.

An objective for supervisors of midwives in the West of Scotland following the LSA Audits has been to ensure supervisors of midwives are represented on relevant forums where practice may be discussed thereby ensuring safety for the public. Meetings where supervisors of midwives are represented in their role as supervisor of midwives are:-

- Risk management meetings
- Clinical Effectiveness forums
- Clinical Governance forums
- Maternity framework group
- Maternity Liaison Service Committees
- Educational Curriculum Planning Forums
- Any relevant committee

Actions from this will be re-audited in 2008-09.

All midwives knew how to contact a supervisor of midwives and in instances where they had required a supervisor of midwives always felt supported by the supervisor of midwives. This was reflected in the LSA audits.

5.5 Clinical Governance and risk management

Supervisors of midwives are involved in clinical governance arrangements within the NHS Boards and supervisors of midwives support clinical governance strategies. Following the LSA audits supervisors of midwives have been allocated to serve on local clinical governance forums if this mechanism was not already in place.

If a midwife is involved in a clinical incident this is reviewed through the NHS Boards risk management processes. A supervisor of midwives is part of any action planning relating to supporting a midwife's practice. Following this years LSA audit a supervisor of midwives has been allocated to be a member of each risk management forum if this was not already the case. A supervisor of midwives is also required to investigate any issues relating to midwifery practice where there are any allegations or suspected sub-optimal care. This ensures that the delivery of care is safe and competent. Any trends or themes for practice are to be fed back to local supervisors of midwives forum thus ensuring the safety of the public by sharing learning outcomes.

There are small numbers of supervisory investigations in the West of Scotland. Following the NMC pilot review of LSAs, it was recommended that the West of Scotland should establish a trigger list of what should be referred to the LSA, or when a supervisor of midwives should investigate a serious incident. Guidance for supervisors of midwives on the reporting and monitoring of serious incidents have been developed and circulated during this reporting year.

A supervisory conference (appendix 6) was held in the West of Scotland in February and March 2008, with the theme of protection of the public and the role of the supervisor of midwives in the investigatory process. This conference was hosted by the University of the West of Scotland (UWS), and speakers included the director of the Scottish Board RCM, and a midwifery officer from the NMC. Round table discussions and case scenarios centred on the NMC Standards for the supervised practice of midwives (NMC 2004) including the role of the supervisor of midwives in the process. The aim was to ensure active learning for the supervisor of midwives in the complexity of clinical incidents, and the benefits of supervised practice as a dynamic tool for improving practice. The conference also provided an opportunity for supervisors of midwives to meet and network with each other, and to share good ideas and relevant practice issues. One hundred and twenty three supervisors attended.

Following the conference, the role of the supervisor in conducting investigations and in the protection of the public will be developed further over the forthcoming year with training sessions on the practicalities of undertaking the investigation process and report writing. This will be undertaken in conjunction with the University of the West of Scotland (UWS) to ensure an educational component to the training sessions. This area will also be incorporated into the preparation module for supervisors of midwives.

5.6 Challenges to effective supervision

One of the major challenges for supervisors of midwives is having time to fulfil their role as a supervisor of midwives. . Each NHS Board supports the supervisor of midwives in having protected time for supervision but some report difficulty in achieving this. This challenge is particularly identified by clinically based supervisors. Two of the LSAs monitored the time spent on supervision and this has now been rolled out across the other areas. This will be monitored to assess what impacts on time for supervision. Planning will take place to overcome any identified problems. Supervisors of midwives are encouraged to take a pro-active approach to obtaining protected time for supervision.

All supervisors identified the promotion of normality in childbirth as a challenge and were committed to the promotion of normality in their role through workshops and contributing to national projects.

Supervisors throughout the area also identified integrating into a consortium of LSAs as a challenge but were committed to this and also supported the formation of the West of Scotland link supervisors of midwives forum which was established to create a strategic direction and to assist in the embedding processes of the new consortium.

6.0 Evidence of involvement of service users 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. They were invited from local forums such as NCT and the Glasgow Birth Choices group. A service user was part of the audit team in each LSA but it was not possible to have a service user in each site. The service users who were part of the panel made a very positive contribution to the audit process and highlighted positive aspects of practice generally. Service users will be invited to attend the next years audit process and it is planned that there will be a pre- audit training session for the service users.

6.2 One LSA, Lanarkshire, has a service user as part of their local forum. The Maternity Liaison Service Committee has been reconvened in another LSA and this is led by a committed body of service users who all took part in focus groups within the audit with one service user on the committee being part of the audit team. All the focus groups with users in the maternity units highlighted that women were generally pleased and complimentary about the local services.

6.3 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. In one LSA there were very good posters on display in all areas on the supervision of midwifery practice. Despite all these measures, it was evident in the audits that women did not know about supervision of midwifery practice. Therefore raising the profile of supervision of midwifery practice to women will be a target over the forthcoming year. The West of Scotland is also developing a website and this will give information to women on all issues related to the supervision of midwifery practice. One LSA Lanarkshire has its own web site where the annual report is published.

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

7.1 There are very good links between the Higher Education Institutions (HEIs) and the LSAMO and supervisors of midwives in relation to supervision of midwifery practice and pre and post registration curriculum development. Very recently the University of Paisley and Bell College have merged to become the University of the West of Scotland (UWS). Five of the lecturers are supervisors of midwives and the university is committed to helping assist in developing the strategic direction for LSAs in the West of Scotland. It is pivotal in assisting in the development of training activities for supervisors, developing guidance and structures to promote effective supervision of midwifery practice and thereby safeguarding the public. The UWS also helped facilitate the West of Scotland annual supervisors of midwives conference this year and were active members of the planning

team. Supervision of midwifery practice is also supported by the other HEIs. Greater Glasgow and Clyde hold open days for student midwives on statutory supervision of midwifery practice and are supported by Glasgow Caledonian University. These days have been well evaluated by the student midwives.

7.2 The preparation programme for supervisors of midwives in the West of Scotland is now held at the UWS. The curriculum has been redesigned this year to ensure the programme is in compliance with the NMC (2006) *Standards for the preparation and practice of supervisors of midwives*. The LSAMO and supervisors of midwives were part of the curriculum planning team. The preparation programme is available at first degree and Masters Degree level and was approved in March 2008.

7.3 A number of supervisors also contribute to education programmes for student midwives. Student midwives are either allocated a supervisor of midwives or given the contact details of a supervisor of midwives. Student midwives were part of focus groups during the LSA audits and it was evident that they were conversant of the role of the supervisor in the protection of the public.

7.4 The UWS is also supporting the LSAMO in creating training opportunities for supervisors and is working with the LSAMO in facilitating workshops and the process on

- Conducting a Supervisory Investigation
- Report writing

These workshops are being developed in line with the LSAMO Forum UK Guidance on the Guideline for Investigation of a midwife's fitness to practise and also by co-opting a LSAMO from the East of England as an advisor in establishing the framework for the workshops. This is to promote consistency for supervisors of midwives in the West of Scotland in line with UK guidance and practice. This initiative will commence in September 2008.

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

7.6 The universities in the West of Scotland have provided educational support when midwives have required supported or supervised practice. The supervisors in the UWS are also working with the LSAMO to develop robust programmes for supervised practice for midwives within the West of Scotland.

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

8.1 The Supervisors of midwives in the West of Scotland follow the guidance for supervisors of midwives in the Scotland LSA Forum (2005) document *Statutory Supervision of Midwifery in Scotland*. Three of the

LSAs also have further guidance for supervision of midwifery practice. The West of Scotland link supervisor forum also reviews and develops new guidance. In 2008-2009 the West of Scotland will adopt the guidance as set out by the LSAMO Forum UK to ensure consistency in the approach for supervision of midwifery practice across the UK. A date for implementation of UK guidance will be agreed by the West of Scotland link supervisors of midwives forum for autumn 2008.

8.2 The following new guidance for supervisors of midwives has been implemented in practice during this reporting year:-

- West of Scotland Guidance for Supervisors of Midwives Guidance for Supervisors of Midwives on the Reporting and Monitoring of Serious Untoward Incidents.
- LSAMO Forum UK Guideline for the nomination, selection and appointment of Supervisors of Midwives

All guidance is developed or reviewed in the West of Scotland link supervisors of midwives forum which will continue to review the LSA MO Forum UK national guidance and any new guidance pertinent to the area or current trends.

8.3 All supervisors of midwives have copies of policies and guidance. Both national and local guidelines will in future be available on the West of Scotland LSAs website www.midwiferysupervision-woslsas.scot.nhs.uk National guidance when adopted into practice will also be accessed on www.yorksandhumber.nhs.uk/nationalguidelinesforsupervisorsofmidwives.

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

9.1 This is the second year that the LSA office has collated workforce and clinical outcome data on a template across the four LSAs. In future this template will be reviewed annually.

9.2 The birth rate remains fairly consistent throughout the West of Scotland at present and there are only slight variations in interventions in labour and in mode of delivery from the previous year.

9.3 Each maternity unit has participated in the National Nursing and Midwifery Workload and Workforce planning project and have undertaken the Birth-rate Plus and a Professional Judgement Workforce planning tool. These results should be available in the near future and will inform workforce planning. There has also been a review from a subgroup of the Maternity Services Action Group (MSAG) into maternity services and this will inform local and regional and national planning for maternity services.

9.4 “Keeping Childbirth Natural and Dynamic” (KCND) is a national project underway in Scotland. This has involved the appointment of Consultant

Midwives in each area to lead on this work. Activities include no-admission CTGs for low risk women, midwife as named case holder for low risk pregnancies' and the midwife as the first point of contact. Supervisors are working in conjunction with midwives and service providers to promote normality in childbirth. There are also a range of alternative therapies available in some of the maternity units with midwives trained in the skills required.

9.5 Many areas are working to increase home birth rates and also caring for women in water in childbirth. Where midwives are not confident in these skills workshops are facilitated and to support midwives in gaining skills.

9.6 There are several areas of deprivation in the West of Scotland with women with mental health issues, substance misuse and other vulnerable women. There are also a growing number of migrants in some of the areas. There are a range of specialist services available and specialist roles to support these vulnerable women and their families. Each NHS Board is striving to reduce inequalities in health, to improve the health status of the individual through effective delivery of services.

9.7 During the last year a programme to train and subsequently introduce maternity care assistants throughout Scotland has been led by the Robert Gordon University in Aberdeen. The effectiveness of this programme and implementation of the role has still to be evaluated. Each NHS Board has supported care assistants on this programme.

9.8 There continues to be planning for major service redesign in NHS Board Greater Glasgow and Clyde. The Greater Glasgow and Clyde Strategy has agreed the reduction of three units to two by the end of 2009 with the closure of Queen Mothers Unit and transfer of services to Princess Royal Maternity Unit and Southern General hospital. The supervisors of midwives aim to support midwives in this time of transition and in embedding the changes in service provision.

9.9 Maternal Deaths

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

There were two maternal deaths in the reporting year due to liver failure caused by a paracetamol overdose. One was a woman who was seven months post natal and had a history of mental illness. The second one was also to a woman with a history of mental health illness and overdose; she also overdosed with paracetamol three weeks and three days postnatally. This case is currently under review.

Supervisors of midwives are required to report and investigate on maternal deaths. This has been included in the West of Scotland Guidance on the reporting and monitoring of serious untoward incidents.

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

10.1 No complaints were received in the West of Scotland LSAs in regard to the discharge of the supervisory function. Not having a description of the complaints process was identified as a risk by the NMC (see table 6) following the 2006-2007 report.

Table 6

Summary of Concern	Source	Risk	Risk Score
No description of complaints process	LSA Annual Report	Possibility that complaints process is not in place or not robust	15

10.2 The process is as follows. Complaints against the LSAMO are dealt with through the complaints procedure within NHS Ayrshire and Arran as the host employer of the LSAMO.

10.3 Complaints against a supervisor of midwives would be dealt with in accordance with the Scottish LSA Forum (2005) document *Statutory Supervision of Midwifery in Scotland*. The LSAMO will notify the NMC following investigation that the supervisor is to be removed from the LSA database as a practising supervisor of midwives. Reinstatement of supervisory status would only be possible through reapplication. The supervisor of midwives has a right to appeal a decision and this should be made in writing fourteen days following the decision. The decision would then be reviewed by an external LSAMO and will be final.

11.0 Reports on all local supervisory investigations undertaken during the year

11.1 The West of Scotland consortium of LSAs has developed and implemented the document Guidance for Supervisors of Midwives on the Reporting and Monitoring of Serious Untoward Incidents (SUIs) during this reporting year. Each supervisor of midwives has been issued with a copy of this guidance. The guidance was launched following an annual conference for supervisors of midwives in the West of Scotland on the role of the supervisor of midwives in protecting the public through supervisory investigations.

11.2 All serious or untoward incidents relating to midwifery practice will require a supervisory investigation as set out in the NMC (2004) Midwives rules and standards. The above guidance acts as a reference guide for supervisors of midwives and the LSAMO is informed of an incident by a supervisor of midwives. The LSAMO provides support and guidance to the supervisor during the course of the investigation and discussions take place in relation to any recommendations that are required.

11.3 During this reporting year seven investigations were undertaken into serious untoward incidents. Six of these were undertaken by supervisors of midwives and one was undertaken by the LSAMO. One of the six investigations undertaken by a supervisor of midwives was reviewed by the LSAMO on the request of the supervisor of midwives and recommendations and conclusions were made in conjunction with the LSAMO.

11.4 As a result of these investigations it was recommended that four midwives undergo a period of supervised practice. One midwife moved out of area. A programme of supervised practice took place for this midwife in the North West of England in consultation with the LSAMO. Two midwives were terminated from employment following a management investigation. The supervisory investigation recommended supervised practice for both midwives. Despite extensive attempts to obtain a placement for the midwives to undertake supervised practice, it was not possible to find alternative placements for the programme to take place. The midwives were then referred to the NMC by the LSAMO.

Another midwife had to be suspended from practice prior to commencement of a programme of supervised practice as the employer identified grave concerns that the midwife was a danger to the public and they considered this was related to health issues.

A further five midwives were placed on developmental support programmes supported by the mechanism of supervision of midwifery practice.

11.5 This is an increase in the number of investigations from the previous year and preceding years in this area. This may in part be due to an increased awareness in the role of the supervisor in conducting an investigation and also following the publication of the document on Guidance to support supervisors of midwives in investigating serious untoward incidents for the West of Scotland.

11.6 The learning outcomes for both supervised practice and supported practice were in relation to:-

- Poor communication
- Lack of team working
- Decision making
- Accountability
- Record-keeping
- Planning and delivery of care
- Resuscitation
- Failure to refer to medical staff
- Lack of observations
- Failure to monitor the growth of the fetus
- Failure to interpret the CTG

Systems not supporting midwives in practice also featured in some of the investigations and these together with recommendations for practice were cited in the reports where relevant and cited as mitigating factors.

11.7 The LSAMO is maintaining a database on trends and themes identified in an investigation and with the growth of the data base, these trends and themes will be continually shared with all supervisors of midwives to ensure lessons are learnt to ensure protection of the public through the safe guarding of midwifery practice.

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

11.9 One midwife has been suspended from practice by the LSAMO in this reporting year and as stated earlier was due to concerns expressed on the midwives ability to practice safely which appeared to be impacted on by poor health. Health assessments were requested from the midwife's General Practitioner.

11.10 Challenges

Challenges have been identified throughout the year by the supervisors of midwives and LSAMO in relation to supervisory investigations and supervised practice. These include:-

- 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

11.11 The LSAMO is working closely with the UWS to develop workshops on conducting supervisory investigations and report writing. A LSAMO from the East of England has been co-opted as an advisor on a planning team for the structure of workshops which will commence in September 2008. The LSAMO Forum UK guidance will also be adopted into practice in the West of Scotland to support supervisory investigations and thus ensuring consistency in practice in line with all supervisors of midwives in the UK.

11.12 A further challenge identified in this year is the need to ensure that supervision of midwifery practice is proactive and that supported and supervised practice is initiated early in cases of lack of competence as a means to address shortcomings in practice and to formally assess a midwives competence to remain on the NMC register. The LSAMO is working closely with the UWS in relation to this and in giving direction to supervisors on when to initiate and implement these programmes, which will be based on LSAMO Forum UK models. This work is currently ongoing and will also be assimilated into the preparation programme for

supervisors in this area to ensure both a consistent approach and standard.

12.0 Conclusion

12.1 This report has demonstrated the steady progress during this reporting year in achieving the targets set in last year's annual report. Each of the five targets and recommendations made to the LSAMO from the NMC pilot review have been actioned and are aimed at reducing the risks identified by the NMC and embedding a strategic direction for statutory supervision of midwifery practice in the West of Scotland.

Supervisors of Midwives have been committed to achieving high standards of practice in relation to statutory supervision of midwifery practice across the region and have supported the LSAMO in both achieving the targets and reducing the risk.

12.2 Challenges for the next year are

- 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

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

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



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APPENDICES

Appendix 1

LSA Self Assessment Tool

Appendix 2

NMC Framework Risk Register

NMC Framework Risk Register Key

West of Scotland risk profile 2006-2007

Appendix 3

West of Scotland Consortium of Local Supervising Authorities

Action Plan

Appendix 4

Local Supervising Authority Dumfries and Galloway Action Plan

Appendix 5

LSA Standards Assessment Tool

Appendix 6

Conference Flyer and Programme

Appendix 7

List of Supervisors of Midwives

Appendix 8

Birth Statistics