



## **Local Supervising Authority Lanarkshire**

### **Annual Report**

**1 APRIL 2007- 31 MARCH 2008**

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**July 2008**

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## **Local Supervising Authority Lanarkshire**

### **Executive Summary**

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

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 6<sup>th</sup> 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 (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 1<sup>st</sup> April 2007-31<sup>st</sup> March 2008.

This is the second year that the West of Scotland has been required to submit an annual report to the NMC. Steady progress has been made in the reporting year in achieving a strategic approach across the West of Scotland as a region of Local Supervising Authorities, 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. This report will focus on the LSA of Lanarkshire. The Chief Executive is Tim Davison.

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 (appendix 1).

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 as set out by the LSAMO English forum which has subsequently been renamed the LSAMO Forum UK. The five LSA standards are based on the five broad principles set out by the NMC in the NMC (2004) Midwives rules and standards. Each LSA has been audited against these standards through a method of self/peer review. By unifying the approach across the LSAs within the UK, a consistent standard for the supervision of midwifery practice can be achieved.

This report will provide details on how the statutory requirements are being met in Lanarkshire and where challenges or risks to the function of statutory supervision of midwifery have been identified will demonstrate how they are being mitigated against to ensure that there is a safe standard of care for the public.

## **Local Supervising Authority Lanarkshire**

### **1.0 Introduction**

This report covers the reporting year 1<sup>st</sup> April 2007-31<sup>st</sup> March 2008. This report has been produced to meet the requirements of Rule 16 of the NMC (2004) Midwives rules and standards. Articles 42 and 43 of the Nursing & Midwifery Order 2001 requires that the practice of midwives to be supervised. The purpose of the statutory supervision of midwives is to protect the public and to support and promote good midwifery practice. The LSA is responsible for ensuring that statutory supervision of midwifery practice is exercised to a satisfactory standard and this is delegated to the Midwifery Officer.

### **1.1 Standards**

In the NMC (2004) Midwives rules and standards there are 54 Standards that should be met by LSA's and supervisors of midwives and a self assessment of the 54 standards will be included in the appendices. Where standards are not met or only partially met action plans have been developed in conjunction with supervisors of midwives to achieve the standard.

### **1.2 NMC Risk Register**

During 2006-2007 the West of Scotland contributed to a NMC pilot review of LSAs to assist the NMC in establishing a mechanism to review Local Supervising Authorities. Following this the NMC has developed a risk scoring framework (appendix 2) to determine the risk within LSAs against the 54 NMC standards. This was implemented in 2007-08. The LSAs in the West of Scotland collectively had a risk score of 129 in a range of 15-205 across the UK for the reporting year 1<sup>st</sup> April 2006-31<sup>st</sup> March 2007. Each LSA within the West of Scotland has made steady progress in reducing the risk pertinent to each LSA and also across the region. The risks identified collectively for the West of Scotland as set out by the NMC were:-

- Supervisors of midwives/ midwives ratio above 1:20 in some areas
- 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 taken
- 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

Details relating to risk scores pertinent to Lanarkshire will be identified throughout this report where relevant. In relation to the ratio of supervisors of midwives to midwife in Lanarkshire is 1:10 therefore this is not a risk in this LSA.

An LSA audit was not conducted in the LSA in 2005-2006, 2006-2007 this is identified as a risk in the NMC framework risk register following submission of last years annual report. Extensive planning took place across the West of Scotland in 2005-2006 to establish a LSA audit process in each LSA in the West of Scotland. An LSA audit was then conducted in each LSA by peer review method in 2007-2008.

### **1.3 The West of Scotland Local Supervising Authorities**

It must be noted that with the implementation of the new arrangements for statutory supervision foundations were being laid for the future during this reporting year. These foundations were being made in accordance with the NMC standards and guidance and based on an analysis of statutory supervision across the 4 LSAs undertaken by the LSAMO when new in post. The following targets were identified for action across the region in the first West of Scotland annual report which was 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
  - 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 west of Scotland to facilitate communication pathways and ensure sharing of good practice

- vi. 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 fulltime LSA Midwifery Officer posts.
5. Undertake an analysis of the standard of supervision across the region.

The NMC pilot review also 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 LSAs, for example, using the link supervisor of midwives forum. With the aim of facilitating ease of contact and the distribution of information to all supervisors of midwives.

**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. 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 LSA.

**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 and promote benchmarking.

**Action:** This is currently in process of development.

This report will now focus on supervisory activities undertaken in Lanarkshire.

## 1.4 Local Supervising Authority Lanarkshire

NHS Lanarkshire covers a wide geographical area covering rural areas and densely populated towns. There are high levels of deprivation in this area. .

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

### Population

Lanarkshire has a population of approximately 557,088. There were 5418 births in the last reporting year.

### The Local Supervising Authority in Lanarkshire

The Local Supervising Authority sits within the NHS Board Lanarkshire. The Chief Executive and LSAMO details are as follows

Local Supervising Authority	Contact Details
LSAMO West of Scotland Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock KA2 0BB <b>Telephone</b> 01563 825757 <b>Email</b> <a href="mailto:joy.payne@aaaht.scot.nhs.uk">joy.payne@aaaht.scot.nhs.uk</a>
Chief Executive NHS Board Lanarkshire	Tim Davison 14 Beckford St Hamilton ML3 0TA <b>Telephone</b> 01698 206311 <b>Email</b> <a href="mailto:tim.davison@lanarkshire.scot.nhs.uk">tim.davison@lanarkshire.scot.nhs.uk</a>

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

This report will be distributed to

- NMC

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

NHS Lanarkshire publishes information in relation to statutory supervision of midwifery practice on its website. A web site is also being developed for the West of Scotland LSAs and will go live shortly; the report will be published on both websites. The West of Scotland web site when live will be accessed on [www.midwiferysupervision-woslsas.scot.nhs.uk](http://www.midwiferysupervision-woslsas.scot.nhs.uk)

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

3.1 There are currently 38 supervisors of midwives in Lanarkshire and 337 midwives submitted their ITP in the reporting year in the LSA. This gives a ratio of 1 Supervisor of midwives to 9 midwives within the LSA which is below the NMC target of 1 supervisor of midwives to 15 midwives. The Supervisor of midwives to midwives ratio in the West of Scotland was identified as a risk by the NMC following last years annual report. However this is not the case for Lanarkshire as the ratio is below the recommendation. The NMC Risk Register Key (appendix 2) has been applied to the table below 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 SOM's	Number of M/WS	Appointments	Resignations	Leave of Absence	Ratio of SOM:MW
L	38	337	11	1	0	1:9

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
L	27	1	4	0	1.15

3.2 Lanarkshire aims to maintain a ratio of one supervisor of midwives 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 Lanarkshire a number of midwives had already undertaken the preparation course within the last three years; those who then put themselves forward in being appointed as a supervisor of midwives were interviewed by a panel which included peers and the LSAMO. Of these midwives eleven were appointed as a supervisor of midwives.

- 3.3** 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 and will then undertake the preparation programme to become a supervisor of midwives. Following successful completion of the course they will then be appointed as a supervisor of midwives to the LSA.

When appointed all students will be mentored for the first three months by an experienced supervisor of midwives.

- 3.4** During this year there has been one resignation and this has been due to relocation of the supervisor of midwives.

- 3.5** The following table's 3 and 4 outline the ratio of supervisors of midwives to midwives for the previous two reporting years.

Table 3 2006-2007

NHS Board	L
No of SOM	27
Ratio	1:15

Table 4 2005-2006

NHS Board	L
No of SOM	29
Ratio	1:14

It can be seen from the tables that in the past two years there have been slight variations in the ratio of supervisor to midwife. As identified Lanarkshire has identified that they wish to achieve a ratio of one supervisor of midwives to ten midwives and they have achieved this in this reporting year.

- 3.6** The supervisors within the unit are committed to supervision of midwifery practice and in achieving the standards of supervision. Where there are challenges in practice the supervisors of midwives agree actions in their local meetings and seek the support of the LSAMO when necessary. Strategies or action plans are also developed locally in the meetings. The meetings are chaired by a link supervisor of midwives and the link supervisor of midwives is supported by another supervisor to develop leadership skills amongst supervisors of midwives. The link role will be rotated around the group to ensure equity amongst supervisors of midwives.
- 3.7** The link supervisor of midwives or a representative attends the West of Scotland Link Supervisor of Midwives forum where ideas are shared

and strategies developed for the West of Scotland and the individual LSA. This forum is used for the sharing of best practice and working through any challenges that may arise.

#### 4. 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 allocated a supervisor of midwives but are informed that they can choose a new supervisor of midwives at any time. This was evidenced in the audit process and by speaking to midwives during the LSA audit. There is also a list of all supervisors of midwives in each ward and department.

4.2 Since the last reporting year Lanarkshire has now established a 24 hour on call rota for supervisors of midwives. If the midwife supervisor of midwives is not available in an emergency the midwife will contact a supervisor of midwives via an on call rota. This process has been established over the last year. The process was not audited in 2006-2007 due to the inception of the new configuration of LSAs but has been audited in this year. This was identified as a risk by the NMC see table 5 below.

Table 5 Reporting year 2006-2007

Summary of Concern	Source	Risk	Overall Risk Score
Description of how mws are provided with continuous access to a SOM not described by LSA	LSA Annual Report	That in an emergency mws may not have lack of clarity about how to contact a supervisors of midwives so 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 SOM 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:** This standard was audited in the LSA audit 2007-2008. Rotas were seen as evidence and the standard was further evidenced in focus groups with midwives during the LSA audit. All midwives were able to identify how to access a supervisor of midwives on a 24 hour basis.

Midwives generally called a supervisor of midwives for advice and support when contacting an on call supervisor of midwives.

4.4 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 also allocated a supervisor of midwives. During the LSA audit the student midwives could identify who their supervisor of midwives was and all were positive about the role of the supervisor of midwives and the support they could expect in practice when qualified as a midwife.

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

During the reporting year 2007-2008 the West of Scotland link supervisor of midwives forum established a consistent process to audit how the practice of midwifery is supervised across the four LSAs. Standards have been developed in England by the LSA Midwifery Officers and these standards were 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 five LSAs in the year 2005-2006. The audit process for the consortium was planned in 2006-2007 and was rolled out in 2007-2008. As the audit had not been undertaken it was identified as a key risk in the NMC risk register as set out in table 5 below.

Table 5 2006-2007

Summary of Concern	Source	Risk	Overall 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 in Lanarkshire with the implementation of a consistent approach of peer LSA audit across the region which includes Lanarkshire. The LSA audit tool incorporates five LSA standards based on the five principles set out in the NMC (2004) *Midwives rules and standards*. A model of peer assessment has been implemented this year to monitor these standards within the West of Scotland involving an audit team comprising two supervisors of midwives from other units, a service user, and the LSAMO. The LSA audit took place in June 2007. A service user was part of the audit team in Lanarkshire and made a valuable contribution to the audit team.

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 within the NHS Board. The findings from the surveys, the audit and the focus groups were consistent.

The LSAMO will undertake an audit visit with an audit team annually to assess performance against the five standards and to verify evidence against the audit tool

The audit process provided a focal point in Lanarkshire by raising the profile of supervision of midwifery practice during the audit process. This was also so of the LSAs in the West of Scotland. This method has helped 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.

Midwives took part in the process and were able to verify the standards and questions asked in relation to supervision of midwifery practice.

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 made an action plan for the future year. Challenges for Lanarkshire were identified as

- Time and resources for the supervision of midwifery practice
- Integrating into a regional approach for supervision
- Continuing to develop the normality agenda
- Profiling supervision of midwifery practice to the public
- Appointing supervisors of midwives
- The role of the midwife in NICU

It can be demonstrated then that an audit process is in place to assess how the practice of midwives is supervised and that a continual process for identifying challenges and to ensure continuous improvement is in place. Thus promoting the proactive supervision of midwifery practice and giving assurances those mechanisms are in place to protect the public through a framework of supervision of midwifery practice.

During the audit it was established that the standards for supervision of midwifery practice were met on the whole. Any issues that arose in the audit will be identified in an action plan by the supervisors of midwives and presented in next year's audit.

The supervisors of midwives in Lanarkshire undertake regular audit of midwifery records and have established monthly training sessions which all midwives are expected to attend annually.

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

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

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

### **5.2 Communication with Supervisors of Midwives**

Supervisors of midwives attend local meetings nine times a year in Lanarkshire. The meetings are chaired by the link supervisor of midwives or a nominated representative. All business related to supervision of midwifery is discussed in these meetings. The LSAMO disseminates information through the link supervisors of midwives forum, by letter, or by an update if attending the local meeting. Any issues raised by supervisors of midwives would be taken to other forums or personnel as appropriate.

Lanarkshire has a nominated link supervisor of midwives who attends the West of Scotland link supervisors of midwives forum, where strategic planning takes place across the consortium as the new consortium arrangements take shape. These meetings are held bi-monthly. The link supervisor of midwives represents the views of the supervisors from Lanarkshire. 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.

In local meetings supervisors of midwives hold workshops for part of the meeting and develop action plans where necessary, such as reviewing the CEMACH (2007) report *Saving Mothers' Lives* establishing any targets for practice based on the recommendations from the report.

The supervisors of midwives also ensure that positive feedback is given to the forum where there are examples of good practice for example the maternity services were commended on areas of good practice by NHS QIS in relation to the blood transfusion service.

Information from the LSA is sent by email either to each individual supervisor of midwives or to the link supervisors of midwives who acts as a conduit for information between the LSAMO and supervisors of midwives locally. The long term aim is that all supervisors of midwives will have the opportunity to act as the link Supervisor of midwives. A web site for the consortium of LSAs is also being developed which will give local information in the year 2008-2009 and this will also eventually 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 following the LSA audits has been to ensure supervisors of midwives are represented on relevant forums where practice may be discussed and also where safety of services are reviewed and thereby safety to the public considered and assured. 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

This will be re-audited in the 2008—2009 audit process.

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 audit.

There is user representation on the supervisors of midwives forum and this enables supervisors of midwives to be responsive to users needs and raise the profile of supervision to the public.

### **5.3 Clinical Governance and risk management**

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

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. A supervisor of midwives is also required to investigate any

issues relating to midwifery practice where there are any allegations or suspicions that there could be sub-optimal care. This is in order to safe guard the public through ensuring the delivery of care is safe and competent.

Top risks in practice which are generated through the risk management process are discussed as an agenda item in the meeting and also circulated to all supervisors of midwives via a news letter.

Any trends or themes for practice are also fed back to the local supervisors of midwives forum to ensure the sharing of lessons from the perspective of statutory supervision of midwifery practice and thereby safeguarding the public in practice.

Midwives are also encouraged to attend debriefing sessions with their supervisor of midwives following clinical incidents.

Supervisors of midwives regularly undertake investigations as part of their role in the risk management process. Following the NMC pilot review of LSAs it was recommended that the West of Scotland establish a trigger list of what should be referred to the LSA or when a supervisor of midwives should investigate a serious incident. Therefore the West of Scotland link supervisor of midwives forum has established guidance for supervisors of midwives on the reporting and monitoring of serious incidents during this reporting year.

A supervisory conference (appendix 4) was held in the West of Scotland in February and March 2008 and the theme was in 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, talks centred on the NMC (2004) Standards for the supervised practice of midwives, the role of the SOM and there was round the table discussion on case scenarios. The aim of this was to ensure active learning for the supervisor of midwives in the complexity of clinical incidents, in ensuring there are safe systems in the workplace to safeguard women and midwifery practice and where midwives have not practiced safely, 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.

Following the conference, the role of the supervisors of midwives in conducting investigations and in the protection of the public work 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 will also be incorporated into the preparation module for supervisors of midwives.

#### **5.4 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. The LSA supports the supervisor of midwives in having protected time for supervision but some supervisors of midwives report difficulty in achieving this. This challenge is particularly identified by clinically based supervisors of midwives. The LSA monitors the time spent on supervision and this has now been rolled out across the other areas. Supervisors of midwives are encouraged to take time for supervision and to make it an equal priority to any other commitments they have.

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

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

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

Service users were invited to take part in the LSA audit process for this year. In Lanarkshire a service user is a member of the supervisors of midwives forum and she represented services users on the audit team. 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 and also areas where they thought there could be improvement for women and their families. 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.

The audit identified that information was available on the role of the supervisor of midwives in various formats for members of the public either in individual leaflets on information for women or paragraphs in Bounty books on local services. Despite 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. Lanarkshire has its own web site where information is published.

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

**7.1** There are very good links between the HEIs and the LSAMO and supervisors of midwives in relation to supervision of midwifery practice and also to 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 develop the West of Scotland LSAs and is pivotal in assisting in the development of training activities for supervisors of midwives, 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. The theme of the conference was the role of the supervisors of midwives in protecting the public through a supervisory investigation.

**7.2** The preparation programme for supervisors of midwives is now held at the UWS. The curriculum has been redesigned by the UWS in 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 of midwives also contribute to education programmes for student midwives. Each student midwife is allocated a supervisor of midwives. Student midwives were part of focus groups during the LSA audits and it was evident that they were conversant of the role of the supervisor of midwives in the protection of the public.

**7.4** The UWS is also supporting the LSAMO in creating training opportunities for supervisors of midwives 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 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 for supervisors of midwives will be based on learning needs identified by supervisors of midwives 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 of midwives in the UWS are also working with the LSAMO to develop programmes for supervised practice for midwives within the West of Scotland.

## 8. **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*. 3 of the LSA's also have further guidance for supervision of midwifery practice. The West of Scotland link SOM forum also reviews and develops new guidance. In 2008-2009 the West of Scotland supervisors of midwives 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 and set for autumn 2008 by the West of Scotland Link SOM Forum.

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 and the forum 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 LSA's website [www.midwiferysupervision-woslas.scot.nhs.uk](http://www.midwiferysupervision-woslas.scot.nhs.uk) national guidance when adopted into practice will also be accessed on [www.yorksandhumber.nhs.uk/nationalguidelinesforsupervisorsofmidwives](http://www.yorksandhumber.nhs.uk/nationalguidelinesforsupervisorsofmidwives).

- 8.4** Supervisors of midwives in Lanarkshire also contribute to other guidelines for midwifery practice such as reviewing the Homebirth and Maternal death guideline.
- 9.0 Evidence of developing trends affecting midwifery practice in the local supervising authority**
- 9.1** There are no significant trends impacting on midwifery practice and safety of the public at present.
- 9.2** The birth rate remains fairly steady throughout Lanarkshire at present and there are only slight variations in interventions in labour and in mode of delivery from the previous year.
- 9.3** The maternity unit has participated in the national Nursing and Midwifery Workload and Workforce planning project and have undertaken Birth-rate Plus and a Professional Judgement Workforce planning tool. 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 Ministerial Action Group into maternity services and this will inform local and regional and national planning for maternity services.
- 9.4** There is national project underway in Scotland which all units participate in called Keeping childbirth natural and dynamic (KCND). This has involved the appointment of Consultant Midwives in each area to lead on this work and activities include non-admission CTG's for low risk women, pathways for pregnancy and labour with the midwife as the lead carer for low risk pregnancies' and the midwife as the first point of contact. SOM'S are working hard in conjunction with services to promote normality in childbirth.
- 9.5** Occupancy levels within the neonatal unit remain high despite an increase in the cot base from 22 to 29 cots. A national report is awaited from the neo-natal subgroup of the Ministerial action group into maternity services which will inform local regional and national planning for maternity services.
- 9.6** There are pockets of deprivation in Lanarkshire with women with mental health issues, substance misuse and other vulnerable women. There are also a growing number of migrants in some of the areas. There are a range of specialist services available and specialist roles to support these vulnerable women and their families.
- 9.7** This last year has also seen the training and introduction of Maternity care assistants throughout Scotland which has been led in the first instance by the Robert Gordon University in Aberdeen. This has been supported in Lanarkshire.
- 9.8 Maternal Deaths**

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

- 9.13 There were no maternal deaths in Lanarkshire for the reporting year.
- 9.14 Supervisors of midwives are required to report and investigate on maternal deaths. Information on this has been included in the West of Scotland Guidance on the reporting and monitoring of serious untoward incidents.

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

- 10.1 No complaints were received by the consortium of LSA’s in regard to the discharge of the supervisory function. No 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	Overall Risk Score
No description of complaints process	LSA Annual Report	Possibility that complaints process is not in place or not robust	15

- 10.2 Complaints against the LSAMO are dealt with through the complaints procedure within NHS Ayrshire and Arran as this is the host Board of the LSAMO.
  - 10.3 Complaints against a SOM 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 SOM. Reinstatement of supervisory status would only be possible through reapplication. The SOM has a right to appeal a decision and this should be made in writing 14 days following the decision. The decision would then be reviewed by an external LSAMO and will be final.
- 11. Reports on all local supervisory investigations undertaken during the year**
- 11.1 The West of Scotland consortium of LSA’s has developed and implemented the document Guidance for Supervisors of Midwives on the Reporting and Monitoring of Serious Untoward Incidents (SUI’s) during this reporting year. Each SOM 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 SOM in protecting the public through supervisory investigations.

- 11.2** All serious or untoward incidents 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 SOM. The LSAMO provides support and guidance to the SOM during the course of the investigation and discussions take place in relation to any recommendations that are required.
- 11.3** During this reporting year there have been three investigations undertaken by supervisors of midwives that have resulted in midwives undertaking supported practice. Two were related to substandard recordkeeping and one related to the clinical management of care.
- 11.8** The LSAMO is maintaining a database on trends and themes identified in an investigation across the consortium. 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 and also aimed to minimise the themes raised to ensure protection of the public through the safe guarding of midwifery practice.
- 11.9** 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.
- 11.10 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 and an LSAMO from 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 supervision of midwifery practice is proactive and supervised practice

is initiated early on 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 of midwives on when to initiate and implement these programmes based on learning outcomes for the individual. They will be based on LSAMO Forum UK models. This work is currently ongoing and will also be assimilated into the preparation programme for supervisors of midwives in this area to ensure both a consistent approach and standard.

## **12.0 Conclusion**

**12.1** This report has demonstrated the steady progress made Lanarkshire during this reporting year in achieving the targets set in last year's annual report. Each of the five targets and also the 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 across the West of Scotland.

Supervisors of Midwives have been committed to achieving high standards of practice in relation to statutory supervision of midwifery practice both in Lanarkshire and 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 in Lanarkshire are

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

These challenges are shared by the other NHS Boards Ayrshire and Arran, Dumfries and Galloway and Greater Glasgow and Clyde which form the area that the LSA Midwifery Officer has the responsibility for discharging the local supervising authority function.

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

Tim Davison  
Chief Executive NHS Board Lanarkshire

Joy Payne  
Local Supervising Authority Midwifery Officer

Signed \_\_\_\_\_

Signed \_\_\_\_\_

## REFERENCES

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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  
LSA Standards Assessment Tool**

**Appendix 5  
Conference Flyer and Programme**

**Appendix 6  
List of Supervisors of Midwives**

**Appendix 7  
Birth Statistics**