

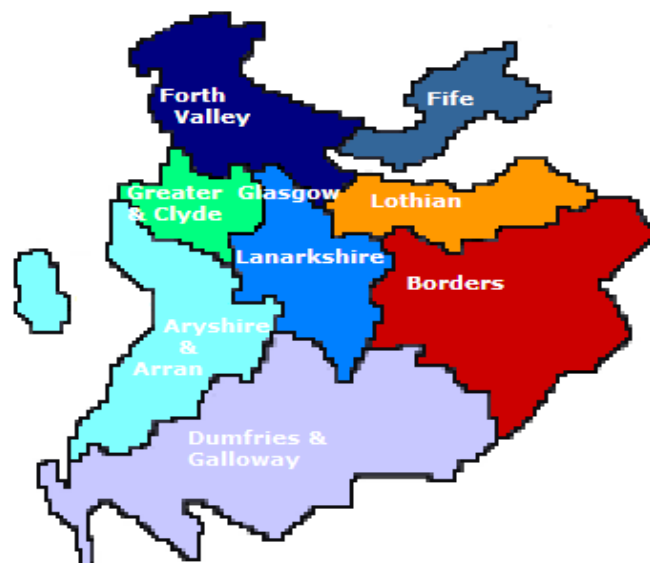


South East and West of Scotland Region

**SOUTH EAST AND WEST OF SCOTLAND
LOCAL SUPERVISING AUTHORITIES**

**ANNUAL REPORT TO THE NURSING AND
MIDWIFERY COUNCIL**

APRIL 2011– MARCH 2012



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Local Supervising Authority Midwifery Officer
September 2012**

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1. Executive Summary.

The purpose of this report is to inform the South East and West of Scotland Region, the Nursing and Midwifery Council (NMC) and the General Public of how the eight NHS Health Boards (Local Supervising Authority (LSA)) namely; Borders, Fife, Forth Valley, Lothian, Ayrshire and Arran (A&A), Dumfries and Galloway (D&G), Greater Glasgow & Clyde (GG&C) and Lanarkshire are meeting the standards set within the NMC Midwives rules and standards (2004). The submission of this report meets the requirements of Rule 16.

Statutory Supervision of Midwives is integral to midwifery practice and in the South East and West of Scotland midwifery supervision is an integral part of the clinical governance systems within each of the LSAs.

It is the responsibility of each individual Health Board (LSA) which forms the South East and West of Scotland Region to ensure that there is compliance with the LSA Standards and that the activities of the Supervisors of Midwives (SoM) are such that they promote safe and high quality of care for women and their babies. This is achieved through a robust system of monitoring standards of midwifery practice and by actively promoting a safe standard of midwifery practice. The LSAs discharge their responsibility in part through the joint appointment of a single Local Supervising Authority Midwifery Officer (LSAMO), Yvonne Bronsky, who is “hosted” in NHS Fife.

This report will highlight the main points of activity as undertaken through Statutory Supervision of Midwives during the practice year 1st April 2011 to 31st March 2012.

Key Points:

- South East and West of Scotland Region has met all the standards set by the NMC within the Midwives rules and standards (2004)
- This report details how the practice of midwives is supervised and how this enhances public protection
- Service Users have been involved in all LSA audits throughout the reporting period
- Evidence is provided which demonstrates engagement with stakeholders including Higher Education Institutes (HEIs) and that there is supervisor of midwives’ input into pre and post registration training for midwives
- Evidence of new regional and national guidelines is contained within the report
- Numbers of supervisory reviews, investigations and outcomes are provided
- Examples of good practice are evident throughout the report
- Trends analysis is contained within the report
- No complaints were received with regards to the LSA discharge of the statutory function

- No complaints or appeals were received with regard to supervisor of midwives practice
- The South East and West of Scotland Region report will be made available to the public on each of the Health Boards web sites as well as the South East and West of Scotland Region supervision web site, www.midwiferysupervision.scot.nhs.uk

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2. Introduction.

Nursing and Midwifery Council.

The NMC was established under the Nursing and Midwifery Order 2001, as the body responsible for regulating the practice of those professions.

Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised.

The local bodies responsible for the discharge of those functions are the LSAs.

The Local Supervising Authority

The LSA is the body responsible in statute for the general supervision of midwives practising within its boundaries.

The South East and West of Scotland LSAs region includes eight LSAs, NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian, NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Greater Glasgow & Clyde and NHS Lanarkshire. The Chief Executive of the host NHS Board, NHS Fife is Mr. John Wilson.

The remaining seven NHS Board Chief Executives are:

Borders:	Mr Calum Campbell
Forth Valley	Professor Fiona Mackenzie
Lothian	Mr Tim Davison
Ayrshire and Arran:	Mr John Burns
Dumfries and Galloway:	Mr Jeff Ace
Greater Glasgow & Clyde:	Mr Robert Calderwood
Lanarkshire:	Mr Ian Ross

The LSA is responsible for ensuring that statutory supervision of midwives is exercised to a satisfactory standard and this is delegated to the LSAMO Yvonne Bronsky.

Standards for Local Supervising Authorities.

The functions of the LSAs are specified in Article 43 of the Nursing and Midwifery Order 2001.

Article 43 (2)

The Council may prescribe the qualifications of persons who may be appointed by the LSA to exercise supervision over midwives in its area, and no one shall be appointed who is not so qualified.

Article 43 (3)

The Council shall by rules from time to time establish standards for the exercise by LSAs of their functions and may give guidance to LSAs on these matters.

Within the Order the LSA has a statutory responsibility to:

- Exercise general supervision in accordance with the secondary legislation the Midwives rules and standards (NMC 2004)
- Report to the NMC a midwife where fitness to practise is impaired
- Suspend from practice a midwife where the Midwives rules and standards have been contravened as determined by the Midwifery Officer

Statutory Supervision of Midwives.

The role and purpose of the LSA is protection of the public through the process of statutory supervision of midwives and midwifery practice. This role is undertaken by the LSAMO in a manner which fulfils the requirements of the NMC Midwives rules and standards (2004).

The Midwives rules and standards (2004) provide guidance to support the legislation and framework for the practice of midwifery and statutory supervision of midwives in the United Kingdom. Within the rules and standards there are 54 standards relating to the LSA which require to be fulfilled.

It is the responsibility of the LSAMO to ensure the rules and standards are met on behalf of the LSA through a process of reviewing and collating evidence which demonstrates compliance with the following:

- Ensure that each midwife meets statutory requirements and is eligible to practise
- Manage the Intention to Practise process
- Investigate cases of alleged impairment to fitness to practise
- Determine when to suspend a midwife from practice
- Manage the appointment of SoMs
- Monitor the protected time allocation for SoMs to undertake their role effectively

- Monitor maternity services interface with Clinical Governance structures to identify trends and provide a framework for continuous improvement
- Monitor service developments and reconfiguration to ensure that safety and quality is assured
- Monitor safe staffing levels, workforce planning and professional development to ensure women are able to access services which are fit for purpose
- Contribute to the education agenda to ensure that curriculum planning and development reflects the needs of a modern maternity service.
- Lead on the development of standards and audit of supervision
- Ensure the safe preservation of supervisory and midwifery records
- Ensure a local framework exists to provide equitable, effective supervision for all midwives
- Ensure the provision of ongoing educational development for SoMs
- Publish LSA procedures
- Publish a written annual report for the NMC

A copy of a self assessment tool reflecting compliance with the rules and standards is attached.

(Appendix 1)

South East and West of Scotland Region Local Supervising Authorities

Table 1 describes the Population Size by Board area May 2012 (Source: National Records of Scotland)

Table 1 Population for the Board Areas (Source: National Records of Scotland May 2012)

Comparison of Key Data for Board Area									
	Borders	Fife	FV	Lothian	A&A	D&G	GG&C	Lanarkshire	Total
Population	113,150	367,292	295,541	848,727	366,890	148,060	1,210,254	563,185	3,913,099
Area Size, km²	4,732	1,325	2,633	1,760	3,377	6,426	1,151	2,181	23,585
No of Women of Age 15 - 44	18,672	68,884	58,199	189,880	66,094	23,064	254,189	109,304	788,286

There are 11 consultant led maternity units located within the LSA region which includes five midwifery led units sited adjacent to an obstetric led labour suite and four community maternity units, as follows :

Borders

One obstetric led maternity unit

Fife

One obstetric led maternity unit and one midwifery led unit located alongside the labour suite

Forth Valley

One obstetric led maternity unit

Lothian

Two obstetric led maternity units

Ayrshire and Arran:

One obstetric led maternity unit with a midwifery led unit sited alongside and one midwifery led unit sited on the island of Arran

Dumfries and Galloway:

One obstetric led unit and one community midwifery led unit sited 75 miles from main maternity unit

Greater Glasgow and Clyde:

Three obstetric led maternity units, and three midwifery led units, one which is an alongside midwifery led unit and two community midwifery led units; Vale of Leven sited 18 miles and Inverclyde sited 24 miles from main maternity unit.

Lanarkshire:

One obstetric led maternity unit

The geographical area within all the LSAs comprises of a mixture of both urban and rural settings. An increased ethnic minority population alongside social deprivation is evident throughout the LSA region and as a result there are challenges in providing a maternity service which is equitable and fully meets the needs of all service users.

NHS Fife and NHS Lothian have large areas of deprivation and high levels of substance misuse. Within Greater Glasgow and Clyde there are high levels of asylum seekers as well as high levels of substance misuse. Ayrshire and Arran is considered to be amongst the five per cent most deprived data zones in Scotland. Dumfries and Galloway covers six main areas of relative deprivation with high levels of women with mental health issues and substance misuse.

Statutory supervision of midwives

Statutory supervision of midwives has operated within the United Kingdom for well over 100 years. It has developed to become a means by which midwives are supported in, and with, their practice. As a modern regulatory practice, statutory supervision of midwives supports protection of the public by:

- Promoting best practice and excellence in care
 - Preventing poor practice
 - Intervening in unacceptable practice
- NMC (2006)

All practising midwives in the United Kingdom are required to have a named SoM. A SoM is a practising midwife who has at least three years experience and has successfully undertaken a preparation course in midwifery supervision.

The LSA appoints SoMs to monitor on behalf of the LSA the practice of midwives against the standards set by the NMC, with the aim of ensuring safe practice for the protection of the public. The SoM role includes supporting midwives and/or their employers when additional support is needed for a midwife, to ensure safety of the public.

Midwives rules and standards – NMC (2004). Rule 16 – Annual Report.

The local supervising authority shall submit a written report annually to the Council by such date and containing such information as the Council may specify.

3. Each Local Supervising Authority Will Ensure Their Report Is Made Available To The Public.

The Report for the South East and West of Scotland will be available in hard copy at each of the eight Health Board Areas during September 2012 and circulated via:

- Clinical Governance Committees
- Maternity Service Liaison Committees where appropriate
- LSAMO

The report will be posted on the South East and West of Scotland Region web site www.midwiferysupervision.scot.nhs.uk. A hyperlink to this web site is present on each health board's web site within the LSA region.

An electronic version of the report will be available on each Local Health Board web site within the South East and West of Scotland Region.

The report will also be circulated to:

- Scottish Government Chief Nursing Officer Patients, Public and Health Professions Directorate
- Royal College of Midwives
- Higher Education Institutes within the LSA
- National Childbirth Trust
- All SoMs within the South East and West of Scotland Region
- NHS Education for Scotland
- NHS Healthcare Improvement Scotland
- Nursing and Midwifery Council

4. Number of Supervisors of Midwives Appointments, Resignations and Removals.

There have been fourteen appointments and eighteen resignations during the reporting period. The resignations were due to retirement from service, family commitments, bereavement, illness or change in job role. Seven SoMs were on leave due to, illness, family commitments and secondments to other roles. There were no removals of SoMs within the South East and West of Scotland Region during the reporting year.

An active campaign was developed to encourage midwives to undertake the Preparation and Practice of Supervisors of Midwives course and this work will continue in the current practice year.

Ratio of Supervisors of Midwives to Midwives

On the 31st March 2012 there were 2610 midwives whose main area of practice was within the South East and West Region of Scotland. There were 184 SoMs appointed, therefore the ratio of SoM to Midwives within the South East and West of Scotland Region was **1:14**. Table 2 provides details of each practice area SoM to midwife ratio over the practice years 2007-2012.

Table 2 Ratio of SoM to Midwives for Boards

LSA	2007	2008	2009	2010	2011	2012
Borders	1:7	1:6	1:7	1:7	1:7	1:7
Fife	1:19	1:17	1:16	1:17	1:19	1:17
Forth Valley	1:18	1:16	1:17	1:18	1:16	1:17
Lothian	1:12	1:15	1:13	1:18	1:22	1:20
A&A	1:18	1:19	1:19	1:14	1:12	1:13
D&G	1:18	1:21	1:21	1:11	1:12	1:10
GG&C	1:15	1:19	1:17	1:14	1:15	1:15
Lanarkshire	1:15	1:9	1:9	1:9	1:10	1:10

Each of the LSAs is currently developing a succession planning strategy. Alongside this is a recruitment drive for new SoMs aimed at to maintaining and, where possible, reducing the ratio to below 1:15. This has involved SoMs encouraging their individual supervisees to consider becoming a SoM in conjunction with open days within maternity units provided to raise the profile of Statutory Supervision and the role and function of a SoM. These initiatives have resulted in an increased number of midwives enquiring about the preparation and practice modules and subsequently fourteen midwives are currently undertaking the preparation modules. A further twenty two midwives planning to undertake the preparation and practice modules in September 2012. The numbers of SoMs per LSA for the period 2008 -2012 are shown in Table 3.

Table 3 Number of SoMs per LSA for Practice Years 2008-2012

LSA	2008-2009	2009-2010	2010-2011	2011-2012
Borders	11	12	11	10
Fife	14	14	12	13
Forth Valley	12	12	14	13
Lothian	32	29	23	26
A&A	16	18	22	19
D&G	6	8	10	10
GG&C	57	60	61	59
Lanarkshire	37	32	33	34

The LSA with the highest ratios has succeeded in attracting the highest number of student SoMs and it is envisaged that these initiatives will continue throughout the next practice year with an emphasis on celebrating good and effective statutory supervision practice. Successful

completion of the module and subsequent appointment will ensure that each LSA maintains their current ratios of below 1:15. However, as more midwives opt to work part time the actual number of midwives submitting their Intention to Practise will increase. This trend, coupled with an increased use of bank midwives, will prove to be a challenge as each LSA attempts to maintain acceptable ratios alongside developing and implementing succession planning strategies.

5. How Midwives Are Provided With Continuous Access To A SoM.

LSA national audit standard 4.1:

Evidence required to demonstrate that there is 24 hour access to supervisors for all midwives, irrespective of their place of employment

All SoMs at the point of introduction to supervisees, and reiterated at the annual review, inform their supervisee of their contact details and the process for contacting a SoM 24/7.

All LSAs within the South East and West of Scotland Region have in place a 24 hour on call rota for SoMs. All midwives are informed at their appointment and reminded at their annual review of the mechanism of accessing the on call rota. This is either via their hospital switchboard or Midwife co-ordinator within their maternity unit. All midwives are also advised at their annual review of the means by which the LSAMO can be contacted should for any reason a SoM not be available through the agreed on call process. The system adopted by each of the LSAs was verified during the LSA audits through the testing of on call systems and the questioning of clinically based midwives.

Subsequently, should a serious untoward incident or concerns be raised with regards to a public protection issue occur some LSA areas opted to nominate the on call SoM to be the investigating SoM whilst others work through a list of SoMs. Measures are in place should this arrangement not be feasible for example, the on call SoM is the named SoM of the midwife involved in the incident requiring investigation. Further work is ongoing within the Region to identify the best means of recording advice and outcomes when contact is made with a SoM outwith a planned supervisory review. A number of differing arrangements are in place for example, individual diary logging systems to electronic records of on call activities. All current systems have been accessed during the LSA audit, with no identifiable themes or trends emerging either in a regional manner or individual LSA manner.

LSA national audit standard 4.2:

Evidence required that demonstrates each midwife has a named Supervisor of Midwives, of his/her own choice with the option to change to another

Currently within each of the LSAs midwives are allocated to a SoM. However, all midwives are made aware that should there be either a conflict of interest or any other reason e.g, the allocated SoM is not a Supervisor that either the midwife or SoM would consider appropriate. A process is in place to facilitate a change to the allocation accordingly; this guideline is available through the South East and West Region web site www.midwiferysupervision.scot.nhs.uk

6. Details Of How The Practice Of Midwifery Is Supervised.

6.1.1 Intention to Practise.

Rule 3 sub para 2 “A midwife shall give notice to each local supervising authority in whose area she intends to practise or continue to practise” (NMC 2004)

All midwives are sent a pre printed Intention to Practise form from the NMC on commencement of eligibility to practise and annually thereafter. The midwife completes this form and submits it to her named SoM who will subsequently sign it and confirm that a meeting has taken place between the SoM and the midwife during the previous practice year. Guidance is sent to all SoMs advising them re local submission date, accessible via www.midwiferysupervision.scot.nhs.uk

This meeting is an opportunity for the SoM and the midwife to reflect on the midwife’s eligibility to practise and identify any professional needs relevant to her sphere of practice. An action plan is agreed and a record of the meeting is logged onto the LSA database. The national LSA database provides SoMs with a secure location for their supervisory review records and a central confidential password protected point of access where the details of all midwives who have submitted an intention to practise form in the South East and West of Scotland Region is maintained.

Further verification of access to a SoM has been tested through the link to the national database. The database entry identifies evidence of meeting the standard via the information transferred from the Intention to Practise Form. A review of compliance is undertaken by the LSAMO prior to the annual LSA audit and any areas of non compliance are subsequently highlighted in the feedback report. Further developments on the use of the database have ensured greater accuracy in recording reasons for not achieving an annual review. This is also audited by the LSAMO on and around the time of the annual LSA audit.

Sharing of Information

All LSAs have commenced work during the practice year to develop and implement a shared drive space through their local intranet service which will contain information relating to Statutory Supervision and is accessible to all midwives. This space will contain the minutes of local, regional and national meetings attended by SoMs alongside consultation documents which have been addressed by the SoMs. It will also include new regional and national statutory supervision guidelines.

All LSAs have commenced work on producing a Supervision newsletter which will be distributed to each supervisee and will be posted onto Statutory Supervision noticeboards located in the majority of maternity units within the South East and West of Scotland Region.

Improved Care to Women

The Supervisors Quality Improvement Group (SQIG) within the South East and West Region of Scotland updated their supervisory review form (Appendix 2) to ensure that all serious untoward incidents or intelligence gathered that raised concern in relation to public protection would be reviewed thoroughly by a SoM. The findings from this review process are the basis upon which the SoM decides whether or not to proceed to a full supervisory investigation.

It has been identified through the use of the existing review form and the updated version that there are many more examples of good midwifery and multidisciplinary working than that of poor practice. The information obtained within this process is fed back to midwives involved in the incident alongwith their named SoM. Where service issues or commendations are highlighted the line manager is also notified. The combination of the sharing of good practice and the learning outcomes achieved following identification of poor practice has resulted in the implementation of enhanced care being provided to women. There is clear evidence of evidence based team working being implemented in all LSAs. This approach to effective team working has been influenced through the statutory supervision framework.

Supporting the practice of midwives

The SQIG developed a developmental support programme document to be used when an investigating SoM has concluded her investigation and recommended that the midwife undertakes a period of developmental support. The programme will identify competencies required to achieve the NMC standards for pre-registration Midwifery Education (2009) and is divided into four domains with each domain containing five essential skills clusters

Aim of developmental support

The aim of using the developmental support document is to provide a formal structure which enables the midwife to develop her practice to a competent level within a framework of support and encouragement.

Overall objectives of developmental support

1. To provide a positive learning experience for the midwife that will facilitate him/her to gain the required experience and knowledge in order to achieve the agreed outcomes.
2. To facilitate the midwife to develop and enhance knowledge and confidence necessary to continue to practise midwifery safely.
3. To facilitate a supportive environment, which enables the midwife to reflect on practice and become a confident, competent practitioner of contemporary practice.

6.1.2 LSA Audit Process.

Rule 13 LSA Standard

The local supervising authority midwifery officer will complete an annual audit of the practice of supervision of midwives within the LSA area to ensure the requirements of the NMC are met.

7. Evidence That Service Users Have Been Involved In Monitoring Supervision Of Midwives and Assisting Local Supervisory Authority Midwifery Officers With Annual Audits.

Each LSA has lay representation on their Maternity Services Liaison Group or equivalent mechanism and these sources were utilised during their LSA audit.

The views of users was obtained prior to and during each of the LSA audits, by means of questionnaires, focus groups and one to one interviews. Lay representatives were key members of each of the audit teams and they conducted one to one interviews with in-patients during the audit visit and provided valuable written and verbal feedback throughout the process. Membership of each of the LSA review teams is shown in Table 4.

Table 4 Review Team Membership LSA Audits 2011-2012

LSA	Date	Venue	Review Team
Fife	Nov 2011	Victoria Hospital Maternity Unit	LSAMO, 2 Contact SoMs, Student SoMs, Lay rep
Forth Valley	March 2012	Forth Valley General Hospital	LSAMO, Contact SoMs, Student SoMs, Lay rep
Lothian	Jan 2012	Edinburgh Royal Hospital	LSAMO, 3 Contact SoMs, Lay rep
Borders	March 2012	Borders General Hospital	LSAMO, Contact SoM, Lay rep
A&A	Nov 2011	Ayrshire Maternity Unit	LSAMO, Contact som, student soms, lay rep
D&G	Nov 2011	Cresswell Maternity Unit	LSAMO, Student SoM
GG&C	Feb 2012	Southern General Princess Royal Royal Alexandria	LSAMO, student som , Contact SoM , lay rep
Lanarkshire	Feb 2012	Wishaw Maternity Unit	LSAMO, 2 Contact SoMs, student SoMs, lay rep

Audit visits were undertaken in all maternity units during this reporting year using the National UK Standards Tool: located at www.midwiferysupervision.scot.nhs.uk

The process undertaken was that of a self/peer review approach. A self assessment exercise to support compliance with the NMC standards as reflected in the audit tool was prepared by the team of SoMs and submitted to the LSAMO two weeks ahead of the unit visit. This evidence provided information relating to the documentary evidence used in support against each criterion as referred to in the five standards to be audited. Questionnaires were sent ahead of the planned visit to clinically based midwives and SoMs, located at www.midwiferysupervision.scot.nhs.uk

Each audit visit was undertaken by a combination of LSAMO, lay representative, student SoMs and Contact SoMs from the remaining seven LSAs within the South East and West of Scotland Region. The student SoMs who attended the LSA audits reported that this experience provided them with a greater knowledge of the roles and responsibilities of all SoMs before, during and after the LSA audit.

The audit visit commenced with the audit team reviewing and verifying the evidence as supplied by the SoMs. Focus group meetings were then held with in-patient users and user group representatives, student midwives, clinically based midwives, SoMs and midwifery managers including the risk manager. The focus groups provided an opportunity for examples of best practice to be discussed as well as an opportunity to highlight any areas of particular concern.

The audit visit concluded with a number of presentations made by SoMs where the opportunity was taken to highlight examples of how Statutory Supervision was influencing women centred care and the planning of new or additional maternity services. The presentations were made to the audit review team and to a variety of senior staff within each of the Board areas comprising of; Chief Executive of the Health Board, Nurse Director, Clinical Director, Head of Midwifery, Service Manager and Clinical Governance Lead.

Verbal feedback was provided by the LSAMO and a full written report provided within one month of the visit. Action plans were then discussed at each monthly local SoM meeting thereafter.

Examples of good practice initiatives noted during audits:

- Statutory Supervision web site developed by a team of SoMs with hyperlinks via main Health Board web page
- Documentation Study day developed, implemented and delivered to all midwives practicing within the LSA area. This study day has been evaluated, amended and further developed by SoMs and is now used throughout the nursing workforce
- Backfill monies made available to ensure protected time for SoMs is managed and supported effectively
- Raising the profile of Statutory Supervision and SoMs with the introduction of noticeboards in public and clinical areas which identifies SoMs through photographs and details of how to contact a SoM 24/7
- Introduction of open SoM meetings to encourage all midwives to participate with a view to encourage clinically based midwives to consider undertaking the SoM preparation and practice modules

8. Evidence of Engagement with Higher Education Institutions In Relation To Supervisory Input into Midwifery Education.

All LSAs have a SoM representative on their education partnership committees. Each higher education institute involves the LSAMO, Contact SoM or SoM representative when developing, reviewing or validating both their pre and post registration midwifery education programmes.

Each HEI involves a SoM in a lecturing role to pre-registration student midwifery programmes of education on the function and application of Statutory Supervision of Midwives. There are currently five SoMs employed as Midwifery Lecturers based in one of the universities within the West of Scotland Region and two SoMs employed within the Edinburgh Napier University.

The University of the West of Scotland and Edinburgh Napier University provide a Preparation and Practice of Supervisor of Midwives course and the LSAMO and SoMs in the South East and West of Scotland Region are involved in identifying potential students and in lecturing on the courses. An evaluation of the modules demonstrated that the student supervisors' learning outcomes were fully met and that on completion of the preparation course the students demonstrated the theoretical skills and knowledge to undertake the role of SoM.

The newly appointed SoMs have all contributed both locally and regionally in the ongoing development and practice of Statutory Supervision within the region. Student SoMs are actively encouraged and included in all groups that a SoM attends throughout the region and not merely the groups that their mentor attends. This approach has ensured that the students have the opportunities to observe the roles and responsibilities of SoMs and the LSAMO.

9. Details Of Any New Policies Related To Supervision Of Midwives.

Regional guidelines are accessible via the South East and West Region web site at www.midwiferysupervision.scot.nhs.uk

Dissemination of the introduction of National or Regional Guideline indicating implementation date is provided by email from the LSAMO directly to each SoM. All new guidelines are discussed at each local SoM meeting and SoMs are advised to access the South East and West web site for further copies.

The review date of all policies is clearly identified and is undertaken by the National LSAMO UK Forum and regionally by the SQIG members; this process involves a consultation programme with all SoMs prior to updated or new policies being implemented.

During the practice year 2011-2012 all regional guidelines were reviewed and where required, updated based on new or updated evidence received by the members of the supervisors' quality improvement group. Any proposed changes or developments were subsequently circulated to all SoMs and lay representatives where necessary, for consultation prior to ratifying new or updated guidelines.

New guidelines introduced during the reporting year included the developmental support programme and a revised supervisory review form. Work is currently in progress to produce a trends and themes analysis based on the information recorded in all supervisory review forms. This will demonstrate the number of reviews, the recommendations made and the outcomes

which will reflect improved and enhanced midwifery practice and multidisciplinary working. This information will initially be shared throughout the South East and West of Scotland Region to ensure good practice noted and opportunities taken to learn lessons from poor standards of care.

10. Evidence of Developing Trends that may impact on the practice of midwives in the Local Supervising Authority.

Table 5 provides details of population and geographical area size in relation to numbers of women of child bearing age per LSA area.

Table 5 National Records of Scotland Mid 2011 Population Estimates May 2012

	Borders	Fife	FV	Lothian	A&A	D&G	GG&C	Lanarkshire	Total
Population	113,150	367,292	295,541	848,727	366,890	148,060	1,210,254	563,185	3,913,099
Area Size sq km	4,732	1,325	2,633	1,760	3,377	6,426	1,151	2,181	23,585
Women Age15 - 44	18,672	68,884	58,199	189,880	66,094	23,064	254,189	109,304	788,286

Trends Analysis

Information received from the LSA database and Contact SoMs based within each Health Board which demonstrates birth trends and number of live and stillbirths for the South East and West of Scotland Region is provided in Tables 6 and 7.

Table 6 Total Number of Births - South East and West of Scotland 2007-2012

LSA	Practice Year					
	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Borders	1103	1167	1197	1236	1184	1159
Fife	3546	3693	3706	3837	3772	3787
Forth Valley	2778	3199	3189	3237	3414	3266
Lothian	8608	8684	9020	9182	9531	9950
A&A	3746	3803	3,827	3844	3733	3740
D&G	1,480	1,394	1,460	1,529	1339	1384
GG&C	15,658	16,317	16,299	16,445	16079	16329
Lanarkshire	5,088	5,043	5,262	5,082	5117	5061

Table 7 Live and Still Births per LSA During Practice Years 2008-2012

South East and West Region				Births 2007-2012					
		Borders	Fife	Forth Valley	Lothian	A&A	D&G	GG&C	Lanarkshire
2008	Live Births	1165	3670	3401	9481	3777	1388	16232	5018
	Stillbirths	2	23	13	50	26	6	85	25
2009	Live Births	1194	3684	3386	10002	3810	1454	16221	5237
	Stillbirths	3	22	19	41	17	6	78	25
2010	Live Births	1228	3807	3451	9753	3828	1522	16365	5056
	Stillbirths	8	30	13	34	16	7	80	26
2011	Live Births	1178	3744	3269	10014	3713	1330	15991	5090
	Stillbirths	7	28	17	51	20	9	88	27
2012	Live Births	1151	3766	3254	9900	3723	1383	16248	5043
	Stillbirths	8	21	12	50	17	1	81	18

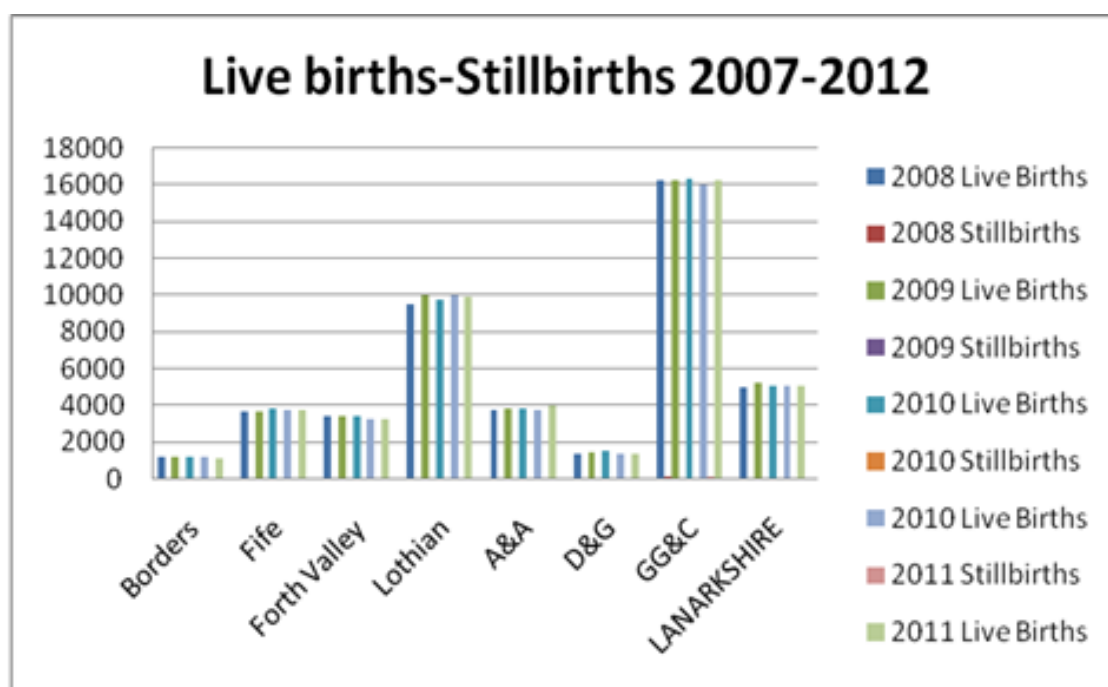


Figure 1 Number of Live Births per LSA 2007-2012

Table 8 Number of Instrumental Deliveries per LSA during Practice Years 2008-2012

Instrumental Deliveries	2008-2009	2009-2010	2010-2011	2011-2012
Borders	135	174	171	146
Fife	267	330	288	376
Forth Valley	739	528	452	382
Lothian	1687	1521	1541	1425
A&A	1114	512	504	476
D&G	101	106	117	109
GG&C	2661	1964	2098	2209
Lanarkshire	545	469	441	531

Table 9 Number of Caesarean Sections per LSA during Practice Years 2007-2012

Caesarean Sections		2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Borders	Elective	99	102	103	122	97
	Emergency	124	131	124	136	143
Fife	Elective	304	269	342	337	310
	Emergency	441	438	415	529	625
Forth Valley	Elective	310	246	312	312	375
	Emergency	481	421	494	521	544
Lothian	Elective	960	952	998	1070	1153
	Emergency	1486	1454	1436	1656	1628
A&A	Elective	421	391	408	459	442
	Emergency	573	662	641	649	641
D&G	Elective	161	176	158	145	125
	Emergency	164	218	152	172	174
GG&C	Elective	1936	1344	2015	2043	1709
	Emergency	2712	2137	2870	2941	2375
Lanarkshire	Elective	688	460	513	535	549
	Emergency	650	910	854	904	909

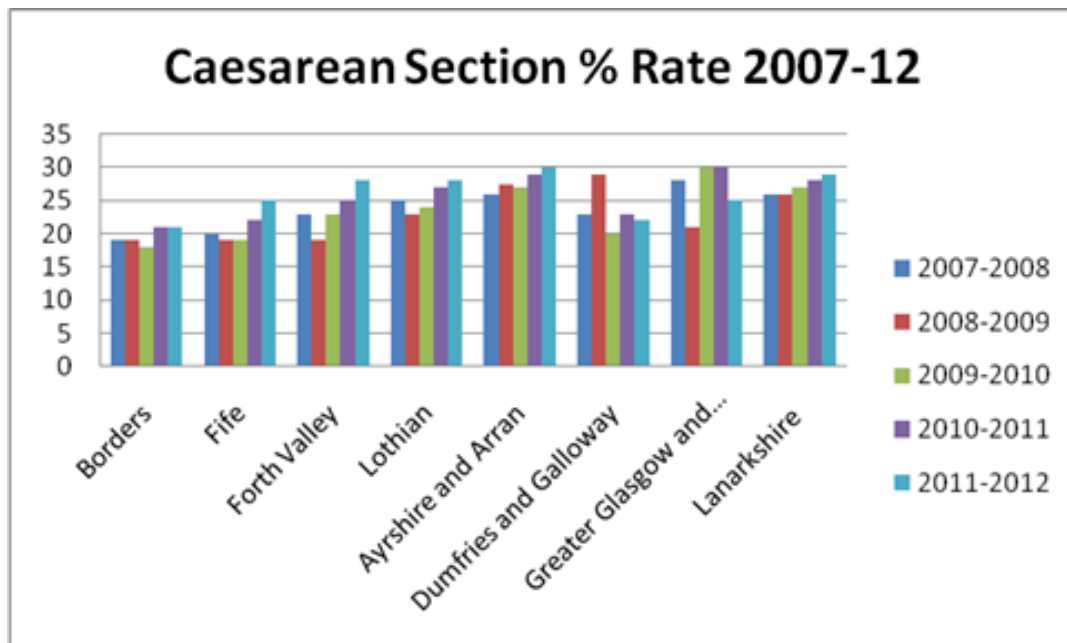


Figure 2 Number of Caesarean Sections per LSA during Practice Years 2007-2012

There are currently no trends or themes in any of the eight LSAs that impact on clinical outcomes or serious incidents or indeed impact upon the clinical environment in which midwifery practice occurs

Workforce Analysis

The midwifery workforce within the South East and West Region is fairly static with no recruitment or retention concerns. However there has been a steady increase in the number of midwives opting to work part time, as shown in Table 10. Tables 11 12 and Figures 3 and 4 describe the age profile of midwives and SoMs and demonstrate that the largest groups are within the 46 -50 years of age bracket. The concern that this brings is the belief that this may lead to a loss of experienced midwives and SoMs within the next few years. Many LSAs have identified the need to develop robust succession planning strategies to ensure that public protection is at the forefront of service delivery and SoMs have been active in encouraging and supporting supervisees as they further develop their clinical and managerial skills and competencies.

Table 10 Number of Full and Part Time Midwives per LSA

Board	Full-Time Midwives	(% of total)	Part-Time Midwives	(% of total)	Total
Borders	26	35.14%	48	64.86%	74
Fife	86	38.05%	140	61.95%	226
Forth Valley	70	31.53%	152	68.47%	222
Lothian	228	44.19%	288	55.81%	516
A&A	101	39.92%	152	60.08%	253
D&G	49	44.55%	61	55.45%	110
GG&C	412	47.25%	460	52.75%	872
Lanarkshire	183	53.04%	162	46.96%	345

Table 11 Age Profile of midwives per LSA at 31st March 2012

Board	21- 25	26- 30	31- 35	36- 40	41- 45	46- 50	51- 55	56- 60	61- 65	>65	Total
Borders	1	2	9	12	9	21	14	6	0	0	97
Fife	4	16	24	27	34	47	46	22	6	0	293
Forth Valley	5	15	30	20	38	45	47	19	3	0	287
Lothian	14	45	67	50	94	112	88	37	9	0	678
A&A	0	9	24	30	41	77	47	21	4	0	316
D&G	3	8	11	8	17	23	20	18	2	0	137
GG&C	2	45	114	94	125	219	164	75	31	3	1125
Lanarkshire	7	37	35	38	41	94	58	29	6	0	455

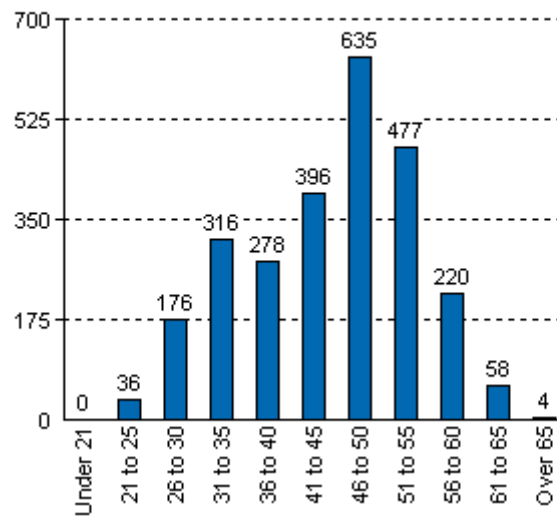


Figure 3 Age Profile of Midwives in South East and West of Scotland Region

Table 12 Age Profile of SoMs

Age	No. of Supervisors	% of Total
Under 21	0	0.00%
21 to 25	0	0.00%
26 to 30	3	1.55%
31 to 35	5	2.58%
36 to 40	7	3.61%
41 to 45	26	13.40%
46 to 50	75	38.66%
51 to 55	58	29.90%
56 to 60	20	10.31%
61 to 65	0	0.00%
>65	0	0.00%
Total	194	100%

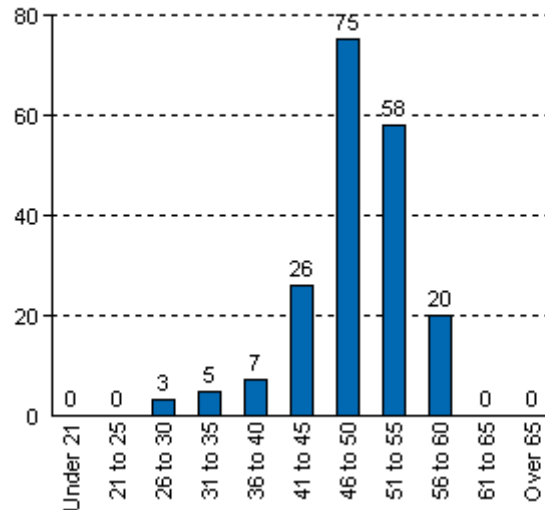


Figure 4 Age Profile of SoMs

11. Details of Number of Complaints Regarding the Discharge of Supervisory Function.

Advice and guidance is provided on the South East and West Region LSA web site with regards to how and to whom to make a complaint about the LSA function or the LSAMO. www.midwiferysupervision.scot.nhs.uk

There were no recorded complaints regarding discharge of supervisory function received by LSAs within the South East and West Region of Scotland.

12. Reports On All Local Supervisory Authority Investigations Undertaken During The Year

The number of reviews and investigations undertaken by each LSA during the practice year 2011-2012, together with the outcomes, is shown in Table 13. There were no significant themes or trends identified during that period. Further analysis will be undertaken throughout the next practice year to include areas of good practice.

There were no investigations undertaken by a health care regulator within the South East and West Region of Scotland.

Table 13 Number and Outcome of Reviews and Investigations per LSA

LSA	Reviews	Investigations	Outcomes	Achieved
Borders	2	1	Developmental Support	Yes
Fife	15	1	Developmental Support	Yes
Forth Valley	37	1	Developmental Support	Yes
Lothian	13	3	No further Action x3	
A&A	11	4	No further Action x2 Developmental Support x2	Yes
D&G	3	2	No further Action Developmental Support	Ongoing
GG&C	14	2	No further Action x2	
Lanarkshire	21	4	No further Action Developmental Support x3	Yes x2 - 1 ongoing

There were no suspensions of midwives, 2 referrals to the NMC and no requirements for supervised practice programmes to be undertaken throughout the reporting period. There were no concerns noted in relation to the competence of newly qualified midwives during the practice year.

Communication with the NMC has continued to be undertaken by means of email, telephone conversation or one to one meetings as and when required. Throughout the reporting period quality monitoring has been undertaken with no cause for concerns noted to date in the eight LSAs within the South East and West Region of Scotland.

During the LSA annual audits and debriefing following a supervisory investigation process, both SoMs and midwives have commented that there has been a new focussed approach to Statutory Supervision and the investigation processes. This has been highlighted as a positive experience and one in which there has been clear learning outcomes for all involved in the incident. There have been no investigations undertaken by external SoMs or outside bodies during the reporting period. There were two maternal deaths during the reporting period neither of which gave cause for concern in relation to midwifery practice.

It would appear from the evidence to date that Supervisory Investigations are enhancing the current risk management investigations. This approach has ensured that the focus on patient and public protection remains as an integral role undertaken by SoMs when clinical governance matters are discussed and is a main agenda item clinically and managerially in all eight LSAs within the South East and West of Scotland Region. During the reporting year the Supervisory Review Form was reviewed and updated to include areas of good practice and recommendations to be referred to service providers for action. It is anticipated in the next reporting period that an analysis of progress to date with recommendations will be produced.

SoMs have been encouraged to undertake supervisory reviews using a timeline approach. The feedback from the SoMs who have used the tool is that it allows the SoMs to be focussed and reduces the instances where full investigation including statement writing and interviews of midwives is carried out before it is deemed there is no case of poor midwifery practice. This approach when recommending a full investigation has proven to be extremely useful in forming the questions to be asked at interview and indeed in providing a clear decision making process in relation to final recommendations on completion of the supervisory investigation. Teaching on this new approach has been undertaken in all eight LSAs by the LSAMO throughout the reporting period.

SoMs have reported that by undertaking the process of reviews based on robust trigger lists they are highlighting many examples of good practice. The evidence gathered throughout the South East and West of Scotland Region demonstrates that there is evidence of a high standard of documentation and increased examples of good team working across the multidisciplinary maternity teams. All SoMs have been encouraged to ensure that examples of good practice are highlighted to the named SoM of the midwives involved. In addition, the named SoM is advised to record this achievement on the LSA database and also ensure that the midwives are advised of their high standard of care noted as a result of a supervisory review being undertaken. This approach has been seen to raise the profile of Statutory Supervision and its role in supporting midwives in their practice.

Many midwives are commenting on the fact that there is a move away from the negative and in some cases punitive way in which statutory supervision was perceived where it was often seen that the SoM outwith annual review only contacted their supervisees to inform them that their practice was being brought into question. Due to the relatively early stages of implementation of a formal process of investigation and reporting there is insufficient data to meaningfully undertake a trend analysis. However, to date evidence gathered following supervisory investigations throughout the South East and West of Scotland Region has not demonstrated an emergence of any significant trends or themes.

Local trends and themes are discussed at each SoM meeting and sharing of good practice as well as lessons to be learned, are positively encouraged amongst the SoMs with a view of sharing this knowledge with supervisees at annual reviews. The investigation recommendations to date have highlighted a need for developmental support which was made available in all cases and was undertaken successfully by those involved.

13. Conclusions

This has been a challenging reporting year as the South East and West of Scotland Regions have merged and shared a number of good practice initiatives. This has resulted in a number of new initiatives, as highlighted throughout this report, being developed and implemented, all of which enhance the public protection role of Statutory Supervision.

The focus for the next reporting year will be to enhance the sharing of good practice across the Region and to develop a Regional Statutory Supervision Strategy which each LSA will adapt to meet local needs. Furthermore, whilst there was no significant trend in relation to poor standards of documentation this did feature as a reason for supervisory reviews in all eight LSAs. Therefore, work has commenced to heighten the awareness and skill base for all SoMs in relation to record keeping with one LSA leading the way with Supervisors of Midwives developing, implementing and reviewing a study day which has become part of the mandatory training programme within the maternity unit.

A risk register in relation to recommendations received from inspectorate teams throughout the United Kingdom will be a focussed piece of work undertaken by the SoMs within the South East and West of Scotland Region. It is envisaged that this will identify how each LSA meets the recommendations as set by the NMC.

It is anticipated that all SoMs will provide an evidence portfolio during the next reporting year, identifying the actions taken in relation to all documentation audits. This will include documentation in relation to the prescribing, supply and administration of drugs by midwives in both the hospital and community setting.

SoMs within the South East and West of Scotland Region have recognised that the role of the SoM has undergone a considerable change over the last few years and, as a result, many have developed their supervisory skills and have embraced the work around team building and the ethos of sharing good practice between LSAs. The vast majority of SoMs across the region attended study days within their individual LSA area including leadership training, supervisory investigation training and team building training. The overwhelming feedback from those who attended training was that their knowledge on leadership qualities and team working had heightened their awareness of themselves as well as that of the team of SoMs they work with. It was noted that they believed through attending the study day the knowledge gained would assist them in their professional roles and in their personal life. It is hoped to build on this knowledge base throughout the next reporting period as the SoMs further develop their team working

relationships and preferences in a way in which will enhance the effectiveness of statutory supervision across the South East and West of Scotland Region.

SoMs will be the driver for future initiatives and developments that will ultimately enhance public protection. It is anticipated that with the heightened awareness of their role within each of the LSA clinical governance structures SoMs will be seen to support midwives as they strive to deliver high quality evidence based care, which will enhance the patient experience and provide assurance of public protection.

The challenges for the next reporting year are:

- Developing a Regional Strategic direction document
- Developing local supervision strategies
- Providing evidence of effective supervision in practice
- Implementation of robust recruitment and retention strategies in all eight LSAs
- Increasing the number of midwives undertaking the preparation module
- Development and implementation of a succession planning strategy
- Further development of questionnaires given to lay members, SoMs and midwives as part of the LSA audit process
- Identifying and sharing areas of good practice throughout the region
- Providing motivation and encouragement for SoMs to continue to undertake their role
- Further development of leadership and team building skills of all SoMs
- Enhancing risk management strategies which compliment clinical risk strategies in each of the eight LSAs
- Enhancing the involvement and influencing the patient safety agenda locally, regionally and nationally

APPENDIX 1. LSA SELF ASSESSMENT TOOL

Rule Description	Met	Partially Met	Not Met	Comments
Notifications by Local Supervising Authority				
In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:				
* Publish annually the name and address of the person to whom the notice must be sent				LSA Forum(UK) guidance, Regional web site, email with poster to all SoMs
* Publish annually the date by which it must receive intention to practise forms from midwives in its area				Regional web site, posters in all clinical areas, email to all SoMs
* Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year				Electronic upload from national database to NMC
* Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month				Weekly upload from LSA to NMC error report regularly reviewed by LSAMO
Suspension from Practice by a Local Supervising Authority				
To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:				
* Publish how it will investigate any alleged impairment of a midwife's fitness to practise				LSAMO Forum (UK) Guideline L, Regional guideline
* Publish how it will determine whether or not to suspend a midwife from practice				LSAMO Forum (UK) Guideline I
* Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority				LSAMO Forum (UK) Guideline L, Regional guideline
* Publish the process for appeal against any decision				LSAMO Forum (UK) Guideline L,

Records

To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:

* Publish local procedures for the transfer of midwifery records from self-employed midwives				LSAMO Forum (UK) Guideline H
* Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity				LSAMO Forum (UK) Guideline B, National LSA database, annual LSA audit
* Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years				LSAMO Forum (UK) Guideline B, National LSA database, annual LSA audit
* Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years				LSAMO Forum (UK) Guideline B, National LSA database, annual LSA audit
* Publish local procedures for retention and transfer of records relating to statutory supervision				LSAMO Forum (UK) Guideline B, National LSA database, annual LSA audit

Eligibility for Appointment as a Supervisor of Midwives

In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:

* Publish their policy for the appointment of any new supervisor of midwives in their area				LSAMO Forum (UK) Guideline C
* Maintain a current list of supervisors of midwives				National LSA Database
* Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 6 hours in each year of appointment				Leadership Training Days, investigation training seminars, team building events

The Supervision of Midwives

To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:

* Publish the local mechanism for confirming any midwife's eligibility to practise			LSAMO Forum (UK) Guideline J
* Implement the NMC's rules and standards for supervision of midwives			LSAMO Forum (UK) Guidelines Annual LSA Audit
* Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15)			Implementation of robust recruitment and selection strategies

To ensure a communications network, which facilitates ease of contact and the distribution of information between all supervisors of midwives and other local supervising authorities, a local supervising authority will:

* Set up systems to facilitate communication links between and across local supervising authority boundaries			LSAMO (UK) Forum, Contact SoMs, SoMs, SoMs quality improvement meetings
* Enable timely distribution of information to all supervisors of midwives			E Mails Web site updates
* Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer			All SoMs have password protected e mail addresses, South East and West web site, database
* Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice			SoMs Quality improvement (SQIG) meetings, Local SoMs, Contact SoMs

To ensure there is support for the supervision of midwives the local supervising authority will:

* Monitor the provision of protected time and administrative support for supervisors of midwives			Annual LSA audit, monthly activity records
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* Promote woman-centred, evidenced-based midwifery practice			LSA Audit Minutes of local meetings with SoM representation
* Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise			LSA Audit, database audit monthly activity records
A local supervising authority shall set standards for supervisors of midwives that incorporate the following broad principles:			
* Supervisors of midwives are available to offer guidance and support to women accessing maternity services			LSA Audit, MSLC meetings, LSA web site usage, SoM poster and leaflet distribution
* Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice			LSA Audit, Audit of user opinion of suitability of SOM leaflet
* Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives			LSA Audit, Advice and guidance at appointment stage
* Supervisors of midwives provide professional leadership			LSA Audit
* Supervisors of midwives are approachable and accessible to midwives to support them in their practice			LSA Audit
The Local Supervising Authority Midwifery Officer			
In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:			
* Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer			
* Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process			

* Manage the performance of the appointed local supervising authority midwifery officer			Job Description, PDP reviews, One to one meetings with Chief Executive/ DNS
* Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function			Secretarial support in situ
* Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met			Local LSA audits and NMC Annual LSA Region Report
Publication of Local Supervising Authority Procedures			
To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:			
* Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents			LSAMO Forum (UK) Guidance, Regional guidance
* Publish the investigative procedure			LSAMO Forum (UK) Guidance, Regional guidance
* Liaise with key stakeholders to enhance clinical governance systems			Scottish Government, RCM, Lead Midwives, HIS, NES Local Boards
To confirm the mechanisms for the notification and management of poor performance of a local supervising authority midwifery officer of supervisor of midwives, the local supervising authority will:			
* Publish the process for the notification and management of complaints against any local supervising authority midwifery officer or supervisor of midwives			LSAMO Forum (UK) Guidance G

* Publish the process for removing a local supervising authority midwifery officer or supervisor of midwives from appointment			LSAMO Forum (UK) Guidance D
* Publish the process for appeal against the decision to remove			LSAMO Forum (UK) Guidance D
* Ensure that a local supervising authority midwifery officer or supervisor of midwives is informed of the outcome of any local supervising authority investigation of poor performance, following its completion			LSAMO Forum (UK) Guidance D
* Consult the NMC for advice and guidance in such matters			South East Region web site, Direct, E mail and telephone access
Annual Report			
Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 30th of September of each year. Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:			
* Numbers of supervisor of midwives appointments, resignations and removals			LSA Annual report, National LSA database
* Details of how midwives are provided with continuous access to a supervisor of midwives			LSA Annual report, South East and West web site
* Details of how the practice of midwifery is supervised			LSA Annual report, South East and West web site
* Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits			LSA Annual report, South East and West web site
* Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education			LSA Annual report, South East and West web site

* Details of any new policies related to the supervision of midwives			LSA Annual report, South East and West web site
* Evidence of developing trends affecting midwifery practice in the local supervising authority			LSA Annual report, South East and West web site
* Details of the number of complaints regarding the discharge of the supervisory function			LSA Annual report, South East and West web site
* Reports on all local supervising authority investigations undertaken during the year			LSA Annual report, South East web and West site

APPENDIX 2. Supervisory Review (SQIG)



South East and West Region

Supervisory Review

Clinical Risk Incident No.	CHI/Case Record No.	Date and Time of Incident

Details of Incident

Supervisory Investigation Required **Yes** **No**

Good Practice/Areas for Improvement issues highlighted to:

Named SoM:

Management:

Date and Signature of Reviewer

Completed Forms to be forwarded electronically to LSAMO: Yvonne.Bronsky@nhs.net