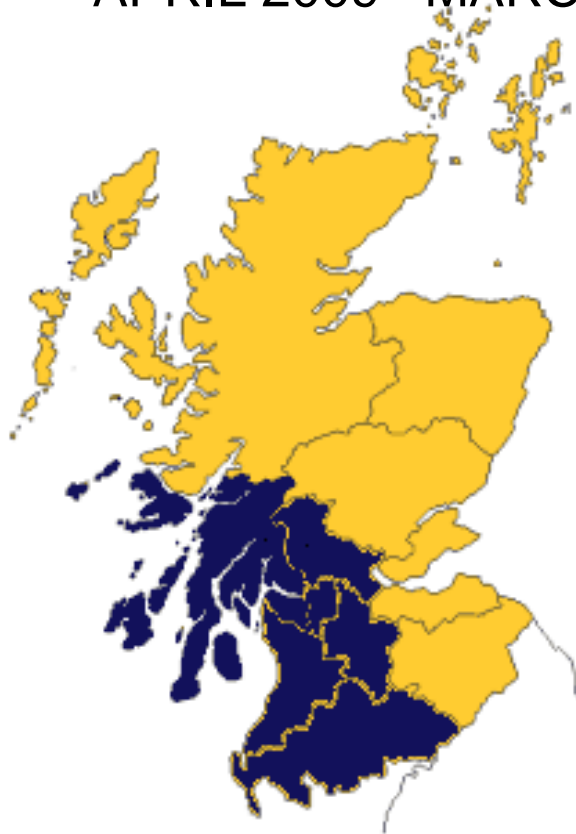




WEST OF SCOTLAND REGION  
LOCAL SUPERVISING AUTHORITY  
ANNUAL REPORT TO THE NURSING AND  
MIDWIFERY COUNCIL

APRIL 2009– MARCH 2010



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Local Supervising Authority Midwifery Officer

September 2010

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**Appendix (1)**

Scottish SoMs Conference

## **1. Executive Summary.**

The purpose of this report is to inform the West of Scotland Region, The Nursing and Midwifery Council and the General Public of how the four NHS Health Boards namely Ayrshire and Arran, Dumfries and Galloway, Greater Glasgow and Clyde and Lanarkshire are meeting the standards set within the Nursing and Midwifery Council (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 in the West of Scotland and midwifery supervision is an integral part of the clinical governance systems within each of the Health Boards.

It is the responsibility of each individual Health Board which forms the West of Scotland Region to ensure that there is compliance with the Local Supervising Authority (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, achieved through a robust system of monitoring standards of midwifery practice and by actively promoting a safe standard of midwifery practice. The four boards discharge their responsibility in part through the joint appointment of a single Local Supervising Authority Midwifery Officer (LSAMO). During the reporting year this was Joy Payne “hosted” in NHS Ayrshire and Arran. Appointment ended July 2010.

This report will highlight the main points of activity as undertaken through Statutory Supervision of Midwives during the practice year 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010. Although recognition is given to the fact that an NMC LSA review was undertaken in June 2010.

## **2. Key Points summarised**

The NMC LSA review of the West of Scotland LSA regions in June 2010 was undertaken to examine the function of the four LSAs within the West of Scotland Region.

The role of the NMC review of the four LSAs was to confirm that the LSAs met the standards as set within the Midwives Rules and Standards. The review team subsequently confirmed that the self assessment sent to the LSA as to where the LSAs perceived themselves to be was an accurate reflection of the current their position with 53 out of 54 standards being achieved. Report available at [www.nmc-org.uk](http://www.nmc-org.uk)

**Key Recommendations were as follows all of which will be fully met throughout the reporting year 2010-2011:**

### **LSA function**

- Ensure that the NMC's strategic direction and recommendations, as set out within their analysis of the UK wide LSA annual reports, are taken forward and complement each of the LSA's strategic directions and plans.

### **Supervisors of midwives**

- Continue to ensure that all supervisors of midwives use a consistent equitable approach to supervision that incorporates the adopted national and local guidance into their everyday supervisory practice.
- Continue to monitor and ensure that all SoMs get protected time for supervision and when they are unable to do this there must be clear pathways for the SoM to alert the LSA

- Continue to audit that SoM continuing professional development has taken place, that all SoMs have reviewed their competences against the published NMC standards and that there is a clear assessment and 'appraisal' process for all supervisors of midwives.

### **LSA supervisory investigations**

- Develop the skills of supervisors of midwives to undertake appropriate investigation working collaboratively with risk management and the employers with everyone understanding their own and other's role.
- Be assured that decisions and recommendations made at the end of supervisory investigations are quality assured, equitable and proportionate.

### **User involvement**

- Involve user representatives as part of the audit review team consistently across the four LSAs.

### **3. Introduction.**

#### **Nursing and Midwifery Council (NMC).**

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 purpose of statutory supervision of midwives is to protect the public and to support and promote good midwifery practice.

The local bodies responsible for the discharge of those functions are the Local Supervising Authorities (LSAs).

#### **The Local Supervising Authority (LSA).**

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

The West of Scotland LSA region includes NHS Ayrshire and Arran (host board), NHS Dumfries and Galloway, NHS Greater Glasgow and Clyde and NHS Lanarkshire.

The Chief Executive of the host Board, NHS Ayrshire and Arran is Dr Wai Yin Hatton

The remaining board Chief Executives are:

NHS Dumfries and Galloway – Mr John Burns

NHS Greater Glasgow and Clyde – Mr Robert Calderwood

NHS Lanarkshire – Mr Tim Davison

Each LSA is responsible for ensuring that statutory supervision of midwives is exercised to a satisfactory standard and this was delegated to the Local Supervising Authority Midwifery Officer (LSAMO) Joy Payne during the reporting year 2009-2010.

### **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 Nursing and Midwifery Council 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

### **3.1 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 LSA Midwifery Officer 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 Local Supervising Authority 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 evidence demonstrating compliance of 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 Supervisors of Midwives

- Monitor the protected time allocation for Supervisors of Midwives 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 education 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 Supervisors of Midwives
- Publish LSA procedures
- Publish a written annual report for the NMC

# West of Scotland Region Local Supervising Authority.



## 3.2 The Local Supervising Authorities

The Four NHS Boards/LSAs in the West of Scotland are NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Greater Glasgow and Clyde and NHS Lanarkshire.

- **NHS Ayrshire and Arran**

NHS Ayrshire and Arran covers a population of approximately 367,140 and on average there are 3773 births per annum. There is an obstetric unit with a midwife led unit alongside it. There is also an island with a community maternity unit and a small number of mothers deliver there annually. Ayrshire and Arran is considered to be amongst the five percent most deprived data zones in Scotland, of which there are 325 in total. A total of seven of these zones are located in East Ayrshire, six are located in North Ayrshire and one is located in South Ayrshire. Around three percent of Ayrshire and Arran's population live within the five percent most deprived data zones in Scotland.

- **NHS Dumfries and Galloway**

NHS Dumfries and Galloway cover approximately 2,500 square miles. The Board provides services and care for a population of approximately 147,000 which is widespread in this remote and rural part of Scotland. Maternity services within NHS Dumfries and Galloway are integrated throughout the area with a maternity unit within the Cresswell wing of the Dumfries and Galloway Royal Infirmary and the Clenoch Birthing Unit within the Galloway Community Hospital in Stranraer. There are on average 1450 births a year across these two sites.

In terms of deprivation, the Board has particular challenges in targeting care for those women and families most in need. There are pockets of deprivation in Dumfries and Galloway with some women experiencing mental health issues and substance misuse. There are six areas of relative deprivation in the region; central Dumfries, part of Annan, northwest Dumfries, Upper Nithsdale, the Machars and Stranraer.

- **NHS Greater Glasgow and Clyde**

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

In NHS Greater Glasgow and Clyde there is a population of 1,190,856 with 65% of children living in the Carstairs Score Deprivation Categories 6 or 7. There were a total of 16,076 babies born last year (2009). This is an increase of 1% from the previous year. There are high levels of addiction, and it is estimated that 20,000 children are living in a family with addiction issues. There are also high levels of unemployment in the area and approximately 5,500 Asylum Seekers as estimated two years ago.

One maternity unit in Glasgow - The Queen Mothers Hospital - closed in January 2010 with services and staff transferred to The Southern General Hospital and Princess Royal Maternity Hospital.

- **NHS Lanarkshire**

Lanarkshire has a population of approximately 557,088. There were a total of 5262 babies born within Lanarkshire last year to 5177 women. 4963 women delivered in the previous year which is an increase of 214 deliveries.

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.

Census information has revealed that there is a higher than average proportion of women aged 15-44 years in Lanarkshire within the most deprived groups and that incidence of low birth weight and premature births are higher in Lanarkshire.

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 Supervisor of Midwives (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 Nursing and Midwifery Council 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.

### **3.4 Midwives rules and standards – Nursing and Midwifery Council August 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.

### **4. Each Local Supervising Authority Will Ensure Their Report Is Made Available To The Public.**

The Report for the West of Scotland will be available in hard copy at each of the four Health Board Areas and circulated via:

- Clinical Governance Committees
- Maternity Service Liaison Committees

The report will be posted on the web site [www.midwiferysupervision.scot.nhs.uk](http://www.midwiferysupervision.scot.nhs.uk) .

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

The report will also be circulated to:

Scottish Government Health Directorate Chief Nursing Officer

Royal College of Midwives

Higher Education Institutes within the LSA

National Childbirth Trust

All SoMs within the West of Scotland Region

NHS Education for Scotland

NHS Quality Improvement Scotland

Nursing and Midwifery Council

## **5. Number of Supervisors of Midwives Appointments, Resignations and Removals.**

Further work on recruiting student supervisors of midwives will be undertaken within each of the four Health Board areas throughout the next reporting year.

The LSAMO was actively involved with the University of the West of Scotland and other key stakeholders in preparing and evaluating the programme for Preparation and practice of supervisors of midwives. Furthermore the LSAMO and a number of SoMs from the West of Scotland Region subsequently undertake lectures throughout the course and contribute to the evaluation of the modules.

<b>Number of Supervisors 2005 – 2010</b>				
	<b>2006-2007</b>	<b>2007-2008</b>	<b>2008-2009</b>	<b>2009-2010</b>
<b>NHS Ayrshire and Arran</b>	16	16	16	18
<b>NHS Dumfries</b>	7	6	6	8

<b>NHS Greater Glasgow and Clyde</b>	54	53	57	60
<b>NHS Lanarkshire</b>	27	38	37	32

<b>SoM Appointments, Resignations and Removals</b>					
		<b>2006-2007</b>	<b>2007-2008</b>	<b>2008-2009</b>	<b>2009-2010</b>
<b>Ayrshire and Arran</b>	<b>Appointments</b>	3	2	0	3
	<b>Resignations</b>	1	0	0	0
	<b>Removals</b>	0	2	2	0
<b>Dumfries</b>	<b>Appointments</b>	0	0	0	0
	<b>Resignations</b>	3	1	0	0
	<b>Removals</b>	0	0	0	0
<b>Greater Glasgow and Clyde</b>	<b>Appointments</b>	1	3	8	3
	<b>Resignations</b>	4	3	3	1
	<b>Removals</b>	0	1	1	0
<b>Lanarkshire</b>	<b>Appointments</b>	1	11	2	0
	<b>Resignations</b>	4	1	1	3
	<b>Removals</b>	0	0	1	0

## **Ratio of Supervisors of Midwives to Midwives**

Ratio of Supervisors of Midwives to Midwives within the West of Scotland Region is **1:13**.

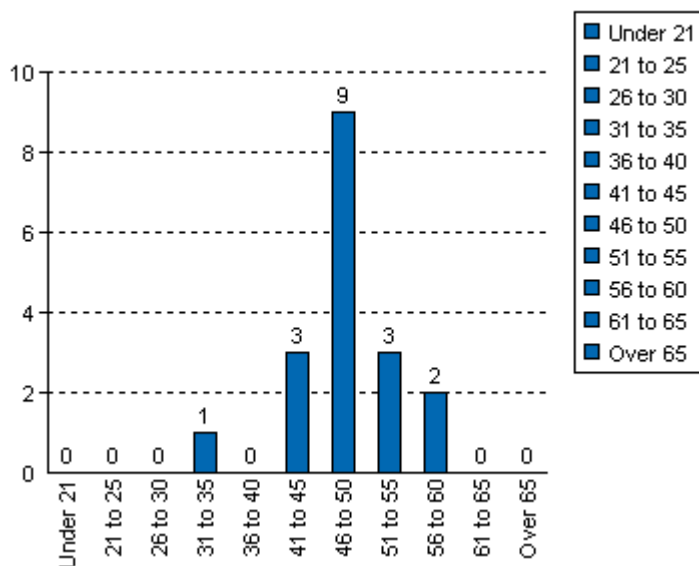
Each of the Board areas are currently developing succession planning strategies, identified as an unmet need based on the age profile of current SoMs. Alongside this is a recruitment drive for new SoMs aimed at achieving ratios of no more than 1:15 at a local level. Successful completion of the module and subsequent appointment will ensure that each Health Board achieves a ratio of no more than 1:15. However it has to be recognised that as more and more midwives opt to

work part time the actual number of midwives submitting their Intention to Practise will increase, and this coupled with an increased use of bank midwives who have no substantive post and therefore no existing named Supervisor of Midwives will prove challenging as each LSA attempts to maintain acceptable ratios alongside developing and implementing succession planning strategies.

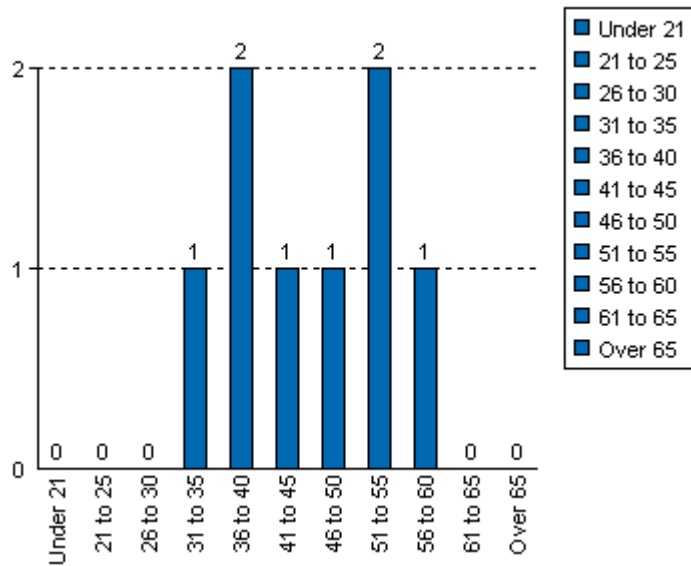
Ratio SoM to Midwives				
	2006/2007	2007/2008	2008/2009	2009/2010
NHS A&A	1:18	1:19	1:19	1:14
NHS D&G	1:18	1:21	1:21	1:11
NHS GG&C	1:15	1:19	1:17	1:14
NHS Lanarkshire	1:15	1:9	1:9	1:9

## Age Profile of Soms

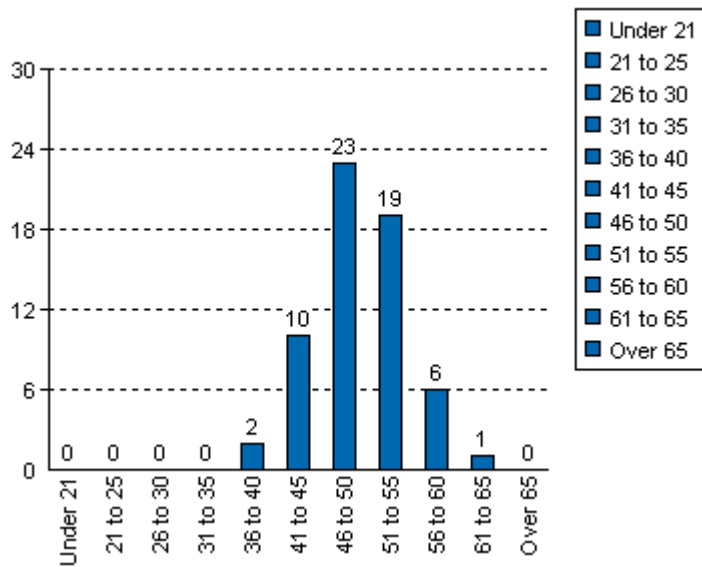
### NHS Ayrshire and Arran



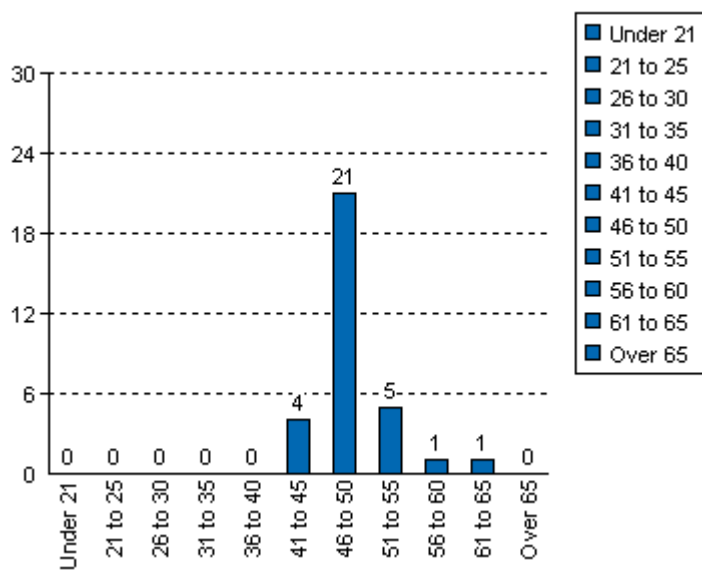
## NHS Dumfries and Galloway



## NHS Greater Glasgow and Clyde



### NHS Lanarkshire



## 6. 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*

- i. 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.
- ii. All Health Board areas within the West of Scotland Region have in place a 24 hour on call rota for Supervisor of Midwives. All midwives are informed at their appointment and reminded at their annual review of the mechanism of accessing the on call rota. 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 Boards was verified during the LSA audits.

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*

- iii. Currently within each of the Health Board areas midwives are allocated to a Supervisor of Midwives in an attempt to ensure where possible a ratio of no more than 1:15.

## **7. Details Of How The Practice Of Midwifery Is Supervised.**

### **7.1 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 Supervisor of Midwives who will subsequently sign it and confirm that a meeting has taken place between the SoM and the midwife during the previous practice year.

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 record of the meeting 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 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. An audit of compliance is undertaken by the LSAMO prior to the annual LSA audit.

## **7.2 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.*

Audit visits were undertaken in all maternity units during this reporting year using the National UK Standards Tool: located at [www.midwife.org.uk](http://www.midwife.org.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 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. Each audit visit was undertaken by the LSAMO, a service user, two supervisors of midwives from outwith the LSA and student supervisors of midwives

## **7.3 Responsibility and Sphere of Practice.**

*Rule 6 Standard: A midwife must make sure the needs of the woman or baby are the primary focus on her practice (NMC 2004)*

Supervisors of Midwives within the West of Scotland Region have worked extremely hard to ensure that their role as a SoM is recognised and recorded whenever maternity services are being discussed or planned.

#### **7.4 The Supervision of Midwives.**

*Rule 12 LSA standard Supervisors of Midwives are available to give guidance and support to women accessing maternity services (NMC 2004)*

SoMs attend local MSLC meetings on a regular basis, 24 hour on call rotas in place in all LSAs, verification of accessibility undertaken during each LSA audit. NMC information leaflet for users distributed throughout all LSAs. Posters highlighting statutory supervision located within public and clinical areas in each of the maternity units within all four LSAs.

*Rule 12 LSA standard 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. (NMC 2004)*

A Scottish Supervisors of Midwives Conference was held during the reporting year. This was well attended and evaluated positively in respect of meeting the outcomes of the SoMs in relation to role and responsibility clarification as well as providing an opportunity to attain further information on team building and working effectively within teams. It was also commended in relation to the opportunities for Supervisors of Midwives to network with peers from across Scotland. Conference agenda attached (**Appendix 1**).

The LSAMO attends local and regional SoM meetings to update on local and national issues.

### **7.5 Role of LSA.**

*Rule 15 LSA standard - 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 to ensure that a local supervising authority midwifery officer is notified of all such incidents (NMC 2004)*

Work has been ongoing in providing support and guidance to SoMs in relation to identifying incidents which require further investigation, ensuring that incidents are commenced as soon as possible after the incident has occurred and that the investigation is completed within a reasonable timescale. National guidelines in place are accessible via [www.midwife.org.uk](http://www.midwife.org.uk) Further work is planned to ensure equity and transparency is evident across the West of Scotland Region in relation to supervisory investigation processes.

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

User involvement now included in all LSA audits and there is a commitment to ensure this practice continues.

## **9. Evidence of Engagement with Higher Education Institutions In Relation To Supervisory Input into Midwifery Education.**

Both the LSAMO and the local SoMs attend the University West of Scotland and Glasgow Caledonian university to lecture on both pre registration and post registration courses. A number of Supervisors of Midwives are based in the HEIs and as such attend local and regional SoM meetings, participating and updating all SoMs across the West of Scotland Region.

## **10. Details Of Any New Policies Related To Supervision Of Midwives.**

National LSAMO UK Forum guidelines implemented during the reporting year:

- Poor performance and de-selection of supervisors of midwives
- Voluntary resignation from the role of SoM
- National Guideline Preparation Process
- National Template for Supervised Practice Programme
- Supervised Practice Journal of Daily events
- Supervisors Record of Contacts for Supervised Practice

These guidelines are available on the web site [www.midwife.org.uk](http://www.midwife.org.uk)

Regional Guidelines developed throughout reporting year:

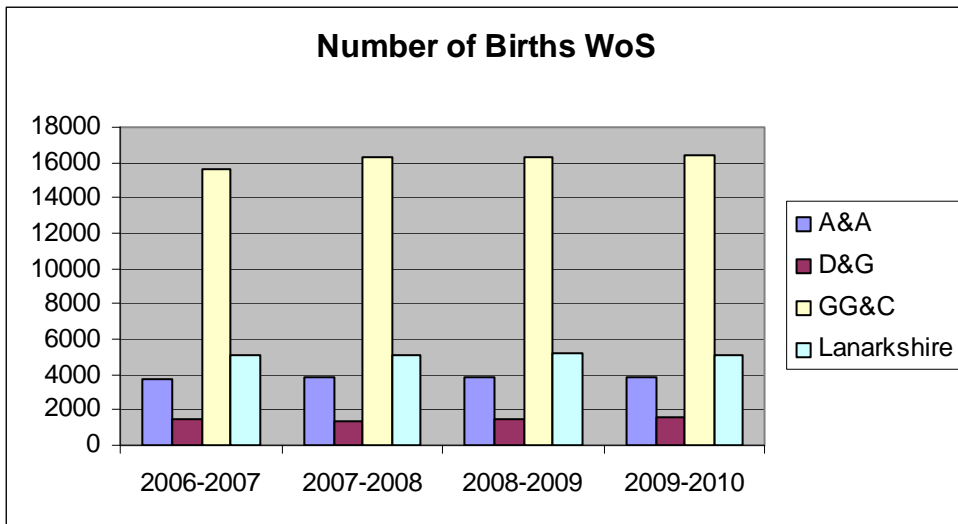
- Allocation of Supervisor of Midwives
- Access to Supervisor of Midwives

- Continuing education of SoMs
- Role of SoMs with allegations of harassment and bullying
- Homebirth

Dissemination of the introduction of National and Regional Guideline indicating implementation date is provided by email from the LSAMO directly to each Link SoM for onward cascading to local SoMs. All new guidelines are discussed at each local SoM meeting.

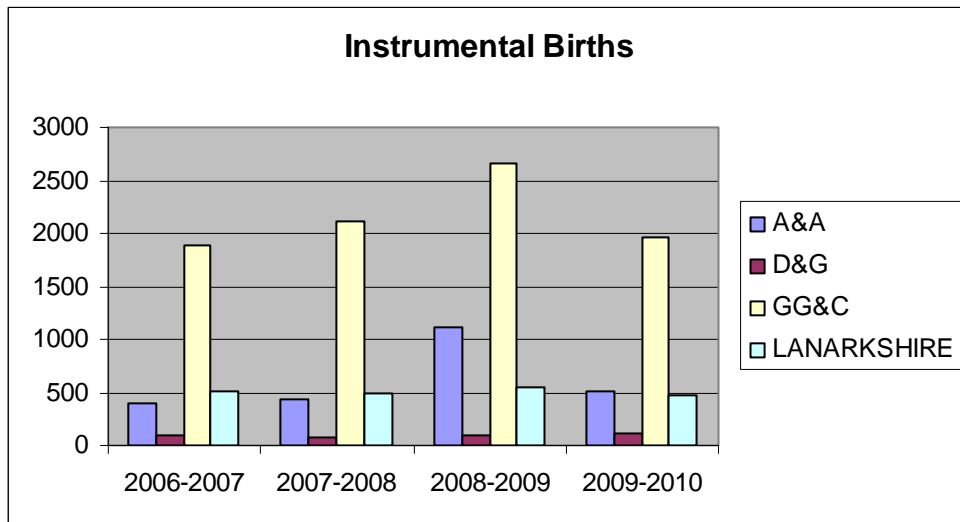
The review date of all policies is clearly identified and is undertaken by the, National LSAMO UK Forum and Regionally by the guideline group members; this process involves a consultation programme with all SoMs prior to introduction of an updated or new policy being implemented.

## **11. Evidence of Developing Trends Affecting Midwifery Practice in the Local Supervising Authority.**

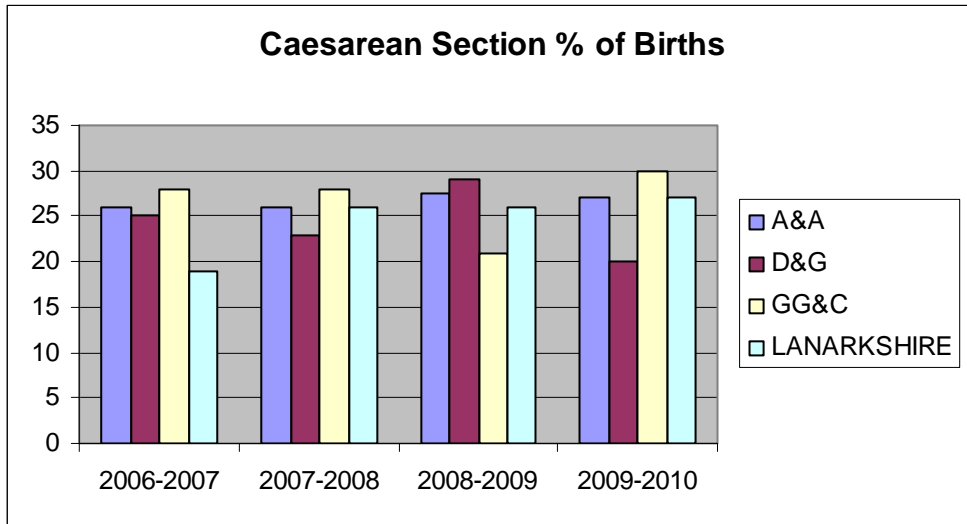


Number of Births - West of Scotland				
	2006-2007	2007-2008	2008-2009	2009-2010
A&A	3746	3803	3,827	3844
D&G	1,480	1,394	1,460	1,529
GG&C	15,658	16,317	16,299	16,445
Lanarkshire	5,088	5,043	5,262	5,082

Instrumental Births	2006-2007	2007-2008	2008-2009	2009-2010
A&A	396	432	1114	512
D&G	95	79	101	106
GG&C	1885	2121	2661	1964
LANARKSHIRE	515	484	545	469

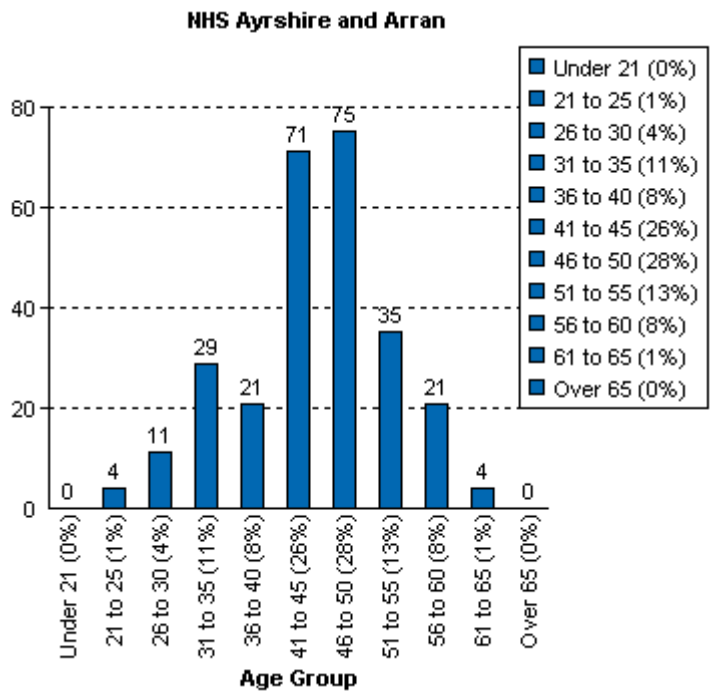


Caesarean Sections		2006-2007	2007-2008	2008-2009	2009-2010
A&A	Elective	396	421	391	408
	Emergency	569	573	662	641
D&G	Elective	156	161	176	158
	Emergency	218	164	218	152
GG&C	Elective	1798	1936	1344	2015
	Emergency	2615	2712	2137	2870
Lanarkshire	Elective	390	688	460	513
	Emergency	587	650	910	854

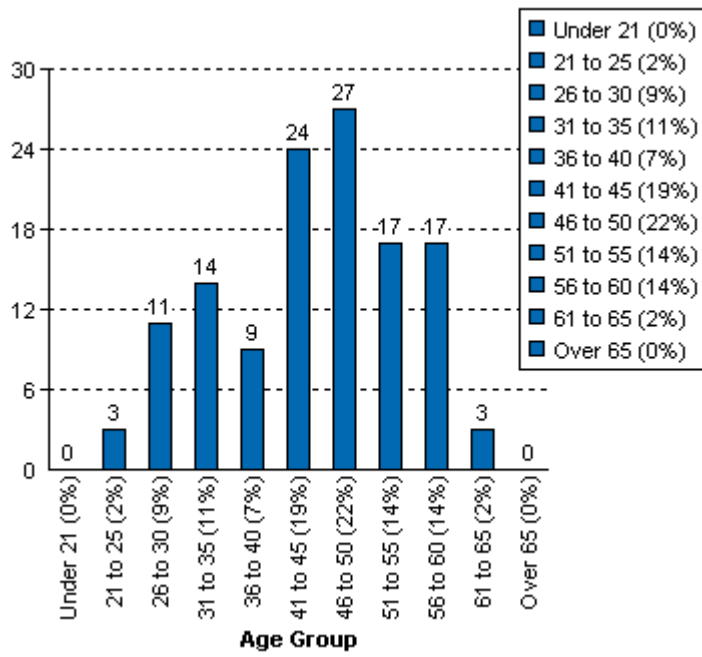


## 12. Workforce Analysis

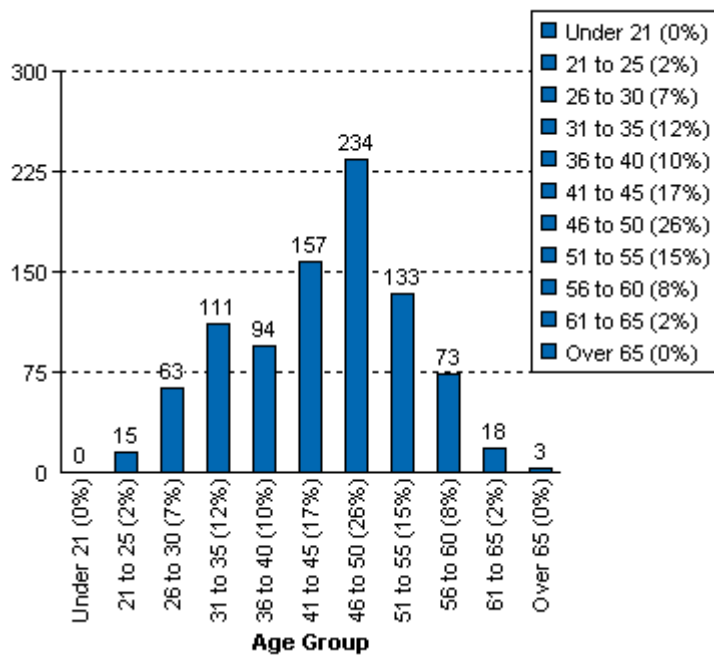
### Age Profile of Midwives:



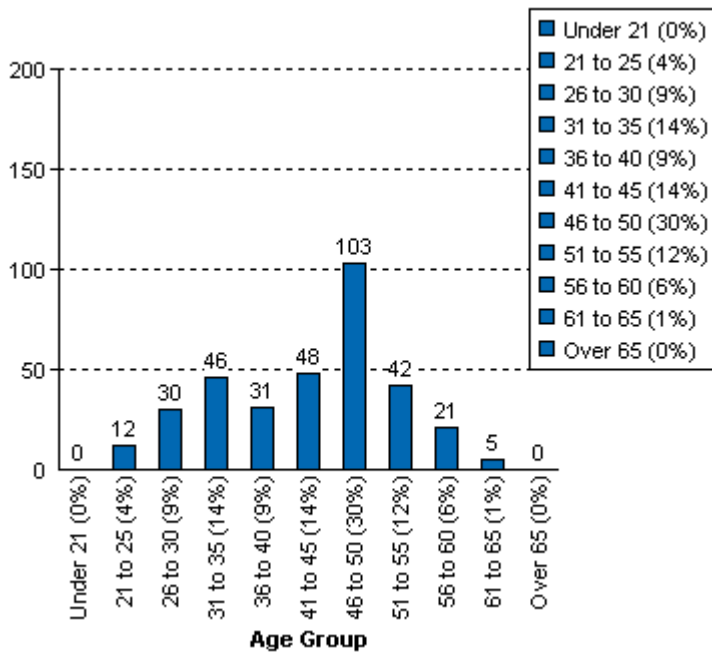
**NHS Dumfries and Galloway**



**NHS Greater Glasgow and Clyde**

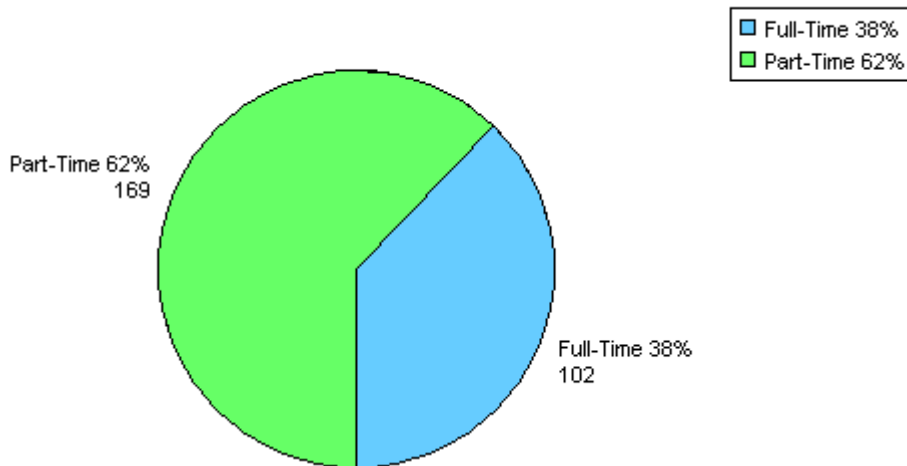


**NHS Lanarkshire**

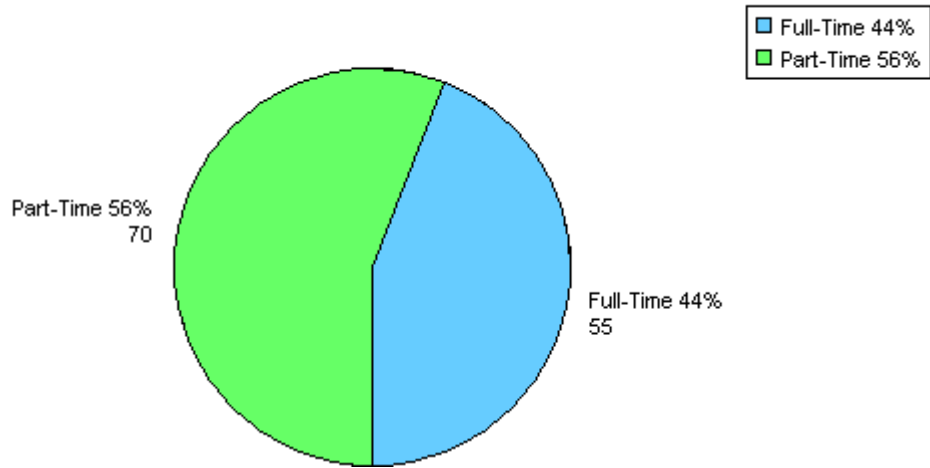


**Midwives: Full time / Part time Ratio**

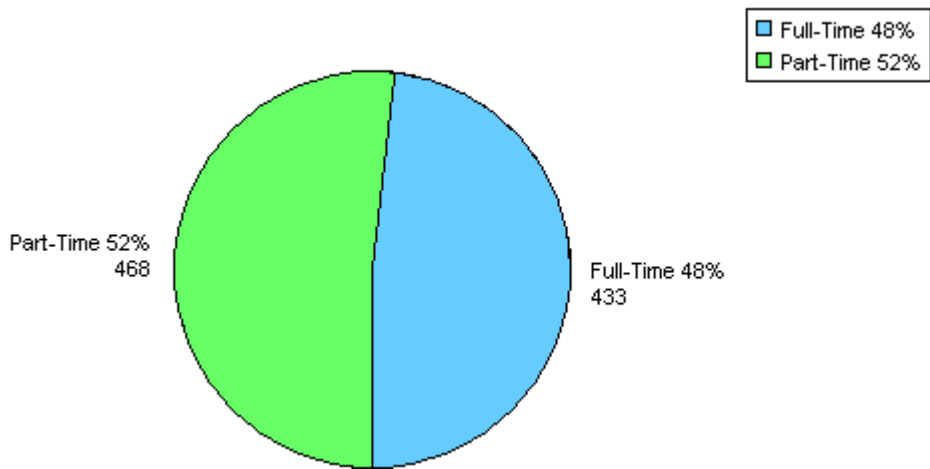
**NHS Ayrshire and Arran**

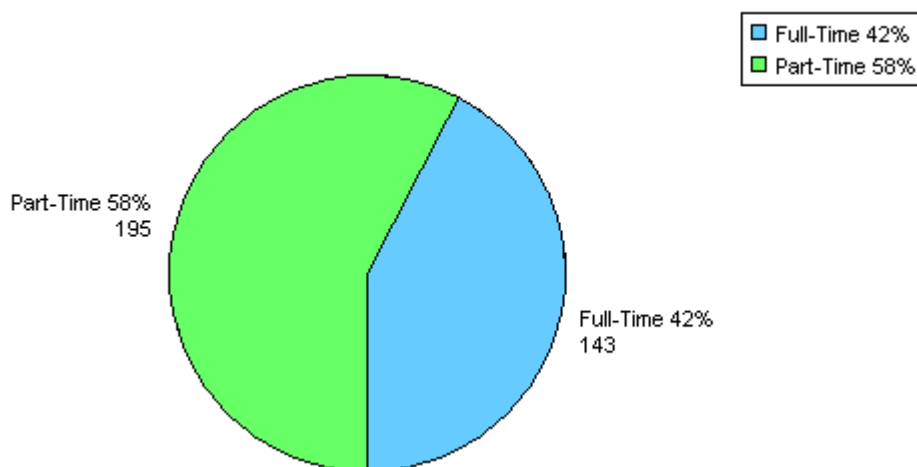


## NHS Dumfries and Galloway



## NHS Greater Glasgow and Clyde





**13. Details Of Number Of Complaints Regarding The Discharge Of Supervisory Function.**

There were no recorded complaints regarding discharge of supervisory function received in either of the four health board areas within the West of Scotland Region.

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

There were nine supervisory investigations undertaken during the reporting year the outcomes of which to date include three developmental support and one supervised practice programme. No themes or trends identified.

## **15. Conclusion**

The SoMs in the West of Scotland have worked well to raise the profile of statutory supervision both locally and regionally and as such have demonstrated a commitment to ensuring there is a consistent approach taken by all SoMs when undertaking the role of SoM across the West of Scotland Region. All recommendations from previous annual report have been actioned and verification of ongoing compliance will be undertaken in during 2010-2011 during the LSA audits which commence in September 2010.

The preparatory work undertaken prior to the NMC Review provided an opportunity for reflection and recognition of the role and responsibility of SoMs which ensured that the NMC Reviewers were provided with the necessary evidence to assure the NMC that 53 of 54 standards relating to statutory supervision were fully met within the West of Scotland which verified that there are no public protection issues relating to statutory supervision of midwifery practice that require immediate attention. The one outstanding standard which was partially met was in relation to designated secretarial support for the LSAMO. This standard will be fully complied with over the next few months in line with the changes in regional configuration.

### **15.1 Challenges for the current reporting year**

- Regional configuration from July 2010 which is a merging of the South East Region and West Region
- Sharing of good practice and the further development of new practices across both existing regions
- Implementation of robust recruitment and retention strategies
- Development and implementation of competency based tool for SoMs
- Development and implementation of a succession planning strategy

## **15.2 Recommendations identified by NMC**

### **LSA function**

- Ensure that the NMC's strategic direction and recommendations, as set out within their analysis of the UK wide LSA annual reports, are taken forward and complement each of the LSA's strategic directions
- Establish a quality evaluation framework to ensure that the LSAMO is able to function efficiently, effectively and safely across this larger area with no compromise in the delivery of the LSA function.
- Ensure that sufficient designated time and administrative support for the LSAMO to discharge the statutory supervisory function.

### **15.3 Supervisors of midwives**

- Continue to ensure that all supervisors of midwives use a consistent equitable approach to supervision that incorporates the adopted national and local guidance into their everyday supervisory practice.
- Continue to monitor and ensure that all SoMs get protected time for supervision and when they are unable to do this there must be clear pathways for the SoM to alert the LSA
- Continue to audit that SoM continuing professional development has taken place, that all SoMs have reviewed their competences against the published NMC standards and that there is a clear assessment and 'appraisal' process for all supervisors of midwives.

- Continue to ensure that the SoM's within the Link (Contact) role are developed as leaders.

#### **15.4 LSA supervisory investigations**

- Develop the skills of supervisors of midwives to undertake appropriate investigation working collaboratively with risk management and the employers with everyone understanding their own and other's role.
- Be assured that decisions and recommendations made at the end of supervisory investigations are quality assured, equitable and proportionate.
- Advise SoMs to report and alert the LSA to maternity incidents via an IT based incident reporting system which would enable the LSA to manage and track investigations across the LSA and ensure that detailed trend analysis and lessons learnt could inform the future work of the LSA.

#### **15.5 User involvement**

- Involve user representatives as part of the audit review team consistently across the four LSAs.

**Signature LSAMO**

Yvonne Bronsky

**Signatures LSA Chief Executives :**

Wai Yin Hatton

**NHS Ayrshire and Arran**

John Burns

**NHS Dumfries and Galloway**

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## **Scottish Supervisors of Midwives Scotland Conference 2009**

### **Passport to Successful Supervision**

**Tuesday 1<sup>st</sup> December 2009**

Venue: Stirling Management Centre  
Stirling

## PROGRAMME

<b>8.30am – 9.00am</b>	Tea/coffee registration	<b>1.30pm – 1.35pm</b>	Opening remarks – Joy Payne
<b>9.15am – 9.20am</b>	Chair and Opening Remarks – Yvonne Bronsky	<b>1.35pm – 3pm</b>	Skill Sets for Supervisors of Midwives – Liz O’Neil, Organisational Development Consultant
<b>9.20am – 10.15am</b>	CNO Scotland Scottish and UK Picture – Dr Mags McGuire	<b>15.00 -15.15</b>	<i>Coffee/Tea</i>
<b>10.15am – 11.15am</b>	National Clinical Lead for Safety and Improvement – Jason Leitch	<b>3.15pm – 4.30pm</b>	Skill Sets for Supervisors of Midwives – Liz O’Neil Organisational Development Consultant
<b>11.15am – 11.30am</b>	<i>Coffee/Tea</i>	<b>4.30pm</b>	Closing Remarks
<b>11.30am – 12.30pm</b>	NMC Midwifery Officer – Jane Kennedy		
<b>12 .30pm – 1.30pm</b>	<i>Lunch</i>		