

NURSING AND MIDWIFERY COUNCIL LSA REPORT 2005 - 2006

Name of NHS Board – Local Supervising Authority:

Ayrshire and Arran

Date 1/8/06

Aims:

- To monitor in each LSA visited standards of supervision set by NMC.
- To determine whether arrangements for supervision of midwives are consistent.
- To monitor local policies/protocols and ascertain facilities/equipment available for care provision.
- To meet Local Supervisors of Midwives, Local Supervising Authority representatives, midwives, managers and students to discuss matters relating to supervision.

These aims are based on the Midwives rules and standards, Rule 12, 13 and 16 (NMC 2004) AND NMC requirement to give advice and guidance to Local Supervising authorities (1997 Nurses, Midwives and Health Visitors Act and Nursing and Midwifery Order 2001).

This report is presented at a meeting of the NHS Board and after approval is available to the public although to date it has not been accessed

1 SUPERVISION OF MIDWIVES AND MIDWIFERY PRACTICE

1.1 Designated Local Supervising Authority Representative:

Ms Angela Cunningham

Regional LSAMO Joy Payne will shortly take up this post (West of Scotland)

1.2 Number of Supervisors of Midwives: 15 2 new appointments

1.3

<i>Names of Supervisors of Midwives</i>	<i>Date of Appointment</i>	<i>Area of Responsibility (eg hospital base, community, locality)</i>	<i>Number of Practising Midwives Supervised</i>
Mrs G Butcher	1996	Practice Development	23
Ms M Davie	2000	Outpatients	24
Mrs R Ralston	1995	Clinical Project Co-ordinator	24
Dr J Rankin	Renew 2000	Higher Education	21
Mrs M Garven	2002	Community	21
Mrs A Mohan	2002	Community	19
Ms H Shaw	2002	Higher Education	24
Mrs M Morgan	2003	Community	20
Mrs L Muir	2002	Labour Ward	22
Mrs J Shennan	2002	Labour Ward	20
Mrs M Salisbury	2005	Community	21
Mrs E Mohammed	2005	Community	22
Mrs V Cairns	2006	Community	10
Mrs E Moore	2003	Community	20

Mrs E Pirrie	2004	Community	15
Totals			306

1.4 Number of supervisors relinquishing role since last report:

5 retirals from supervision due to pending retiral or workload. This is unusual as only 2 other SOM relinquished the role in preceeding 2 years: 1 due to workload and 1 due to appointment as LSAMO

1.5 Outline briefly:

a How a midwife accesses a supervisor:

A midwife can access a supervisor at any time via the 24 hour on call rota
 The rota is displayed in all wards, departments and community bases
 In addition midwives are provided with a leaflet containing the names, work areas and base contact numbers of all supervisors
 Midwives can speak to their own supervisor or another of her choosing, although for urgent or out of hours issues the 24 hr on call system may require to be accessed

SOMs now self roster to this rota and this has been viewed as a success

The majority of midwives are also in clinical contact with supervisors and this further facilitates access.

b How practice is supervised:

Midwives may be working alongside supervisors of midwives and therefore supervision is less formal in nature
 Managers may also report practice issues to a supervisor of midwives to assist professional development or to provide support
 Supervisors who are responsible for midwives in the community setting will visit as required to provide support and review practice environment
 A supervisor of midwives is also involved in clinical audit which should highlight specific deficits in practice

Major changes in clinical practice are discussed at the SOM group and where indicated a response from the group is provided eg Maternity Care Assistant utilisation

There are 3 SOMs on the clinical risk management group although at present this is due to their employment role in the Autumn it is hoped that a SOM will be on the group solely to represent supervision of midwives

There are also 4 SOMs on the clinical effectiveness group 1 of which is there as SOM representative and not in her employee capacity

SOMs played an active part in discussions relation to the relocation of consultant maternity services to the site of a District General Hospital

It is hoped that a SOM will soon be involved in Maternity Services Provision Group (our equivalent of a MSLC) and can provide the lay representatives with copies of the SOM group minutes and feedback comments. If the lay representative wishes to attend the SOM group this will be welcomed. There is a local problem with capacity for lay representation and their attendance of meetings despite advertisements in local press

c What LSA policies have been formulated in this annual report period which affect the practice of midwives:

Revised home birth guidelines are about to be distributed
 The Policy on the Management of Medication Errors has been recently reviewed and redistributed
 Dissemination of the document 'Statutory Supervision of Midwives in Scotland' to all midwives / students

1.6 *Are Standards of Supervision set and agreed by LSAs and Supervisors of Midwives? Yes/No*

There is now a Scotland wide approach to Supervision of Midwives and the document which incorporates an audit questionnaire in relation to meeting the Standards is contained within it

There has only been one informal complaint about a SOM and on investigation this was a communication error

There have been no investigations undertaken by the LSA in the last year or communication to the NMC

1.7

<i>Report of Audit of Standards of Supervision (please detail Standards and Audit Criteria below)</i>	<i>Documentary Evidence (Yes/No)</i>	<i>Action Plan Developed (Yes/No)</i>
Standards for Supervision audit questionnaires are attached to this document	Yes, questionnaires completed	Yes, attached to this document

1.8

Identify standards not met (please specify and indicate remedial action and time frame for resolution):

Itemised in attached document However, generally the standards were high.

Supervisors of Midwives will continue to raise the profile of supervision and hope to increase the uptake of formal meetings with the Midwives of Ayrshire and Arran. There are posters on Supervision of Midwives in main clinical areas for the information of women, midwives and the general public. SOMs have been involved in the NHS Boards open days in order to increase public awareness

Due to the retiral from supervision of 5 long standing SOMs we have struggled to try and meet the ration of midwives to supervisors as laid down in the Midwives Rules and Standards. One prospective SOM has been successful at interview and will commence the approved course in September 2006. A further advertisement to attract future SOMs has been distributed at the end of July.

Although we do not currently review records with midwives as routine practice this will be emphasised as good practice in the coming year and would be facilitated by the appointment of additional SOMs

Ms Cunningham as manager for the current SOMs has agreed protected time in principle although this is sometimes hard to achieve due to clinical workload and the move of the consultant maternity unit to the site of a district general hospital

1.9 ***Outline Briefly:***

a) Means of investigation of alleged professional misconduct:

Each case is dealt with on an individual basis with supervisor of midwives involvement
 Information on alleged professional misconduct may come from the Head of Midwifery, Midwifery Managers or the Clinical Risk Manager
 In depth investigation into the incident will be carried out on a confidential basis involving all key players
 The midwife under investigation will be asked to give her own account
 Documentation is reviewed as appropriate

b) Suspension from practice by LSA (reason for suspension) in accordance with Rule 5, Midwives Rules and Standards:

None

1.10

<i>Number of midwives suspended from practice</i>
<i>0</i>

2 CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF MIDWIVES

- 2.1** *Continuing Professional Development Strategy:*
NHS Ayrshire and Arran's Divisions currently provide an ongoing utilisation of CD Rom programmes, seminars, and study days are provided depending on training need. These events are open to all midwives throughout Ayrshire and Arran:
Shoulder dystocia
Neonatal resuscitation
Postpartum haemorrhage
CTG (K2 CD rom)
Breastfeeding
Domestic Abuse
Child Protection
Perinatal Mental Health
Pain Management
Annualised training day for midwives including Blood transfusion
Additional training is provided as necessary eg Routine Antenatal Anti D Prophylaxis
ACH Training Room open to all midwives – containing CD Rom education facilities and internet access
Scottish Maternity Multiprofessional Programme and ALSO training is also accessed
- 2.2** *How are the continuing education and training needs of individual midwives identified. Please describe process briefly:*
Personal Development Plans have been introduced, and work is ongoing for the implementation of the Knowledge & Skills Framework
All midwives are offered the opportunity to discuss their personal development with their supervisor on an annual basis

Due to the relocation of maternity services to Crosshouse Hospital (District General) there has been extensive rotation of midwives through the clinical areas in order to ensure that they have had appropriate updating. Service Re-design discussion has also taken place and this will be taken forward when the move has taken place.

Discussions on midwifery practice in Arran have been ongoing and a paper will go to the NHS Board highlighting the need for a change in how maternity care is delivered on the island. Midwives are currently dual duty and enhanced co-ordination is required. Midwives on Arran currently attend ACH for a 1 week clinical updating programme on an annual basis, but it is perceived that a greater period would be more beneficial.

Although it appears to be difficult to release midwives from Arran for educational sessions and clinical updating this has taken place and should be facilitated by a teleconferencing link after 23rd August.
- 2.3** *What evidence is there of Divisional and LSA collaboration in this regard?*
The community and acute sections of the NHS Board generally review and progress relevant issues, communicating them to the LSA as appropriate
- 2.4** *Is there a system in place for annual supervisory review?:* **Yes/No**
- 2.5** *How is this recorded?:*

Each year midwives are invited to meet with their supervisor to discuss their professional development
Individual supervisors keep a record of formal discussions
The majority of midwives however, access supervisors informally for advice with few considering that there is a need to meet with supervisors unless they have issues to discuss

2.6 *Links with Higher Education Institutions in the area. How is this achieved and with whom?*

Two of our supervisors of midwives are Senior Lecturers at the Higher Education Institution for which we provide clinical placements

3. MIDWIFERY PRACTICE AND APPROACHES TO CARE INCLUDING RESEARCH/ EVIDENCE BASED PRACTICE

Identify Midwifery & Maternity Care Developments within the annual report period

3.1 *Antenatal*

Early Pregnancy Unit –

There have been further developments in relation to midwifery managed care utilising clinical guidelines. These have reduced waiting times and improved continuity of care and choice, whilst enhancing midwifery skills and knowledge.

There has been an increased uptake of medical treatment of ectopic pregnancy using Methotrexate. This change will decrease risks of surgery and anaesthetic for women and potentially result in less detrimental effects on future fertility

There has been a reduction in the number of surgical evacuation of uterus that have been required due to an increase in medical and expectant care in early miscarriage

An early pregnancy audit is currently underway

Community Midwifery –

Midwives throughout Ayrshire are now involved in community led care which means that a larger proportion of women who are deemed ‘low risk’ are being cared for in their community. This will further enhance midwifery skills, reduce duplication and reduce workload on consultants who should then have increased time to dedicate to ‘high risk’ pregnancies.

However, there remains a distinct variation in the number of women designated to community led care depending on area and this is being reviewed. Further changes to our process are being discussed which will benefit women and their families.

A one site parenthood education classes has been undertaken and results are being discussed. As a result there will now be a class held in that area. A parenthood education strategy will be formulated once the audit has been rolled out to cover all of Ayrshire.

Routine Antenatal Anti D Prophylaxis has been successfully implemented in the woman’s local community.

Midwives in 2 pilot site areas have attended training on the Integrated Assessment for Vulnerable Families.

A third senior midwife for the community has been appointed. There is now a senior midwife based within each of Ayrshire and Arrans CHPs

There has been a significant increase in the number of women requesting home birth in the past year and from

1st October 2006 women will be routinely offered home birth as a choice for their baby's place of birth (home birth is well supported but currently not routinely offered)

Acute Receiving Unit (ARU) –

Midwifery managed care has been successfully implemented in relation to the care of women at term with diminished fetal movement. Further guidelines to enhance midwifery managed care are under discussion. It is hoped that this will reduce waiting times, and promote continuity and efficiency.

General

Quality Improvement Scotland visited Ayrshire and Arran in June 2006 and provided excellent feedback. Although there are many areas of good practice there are some points which would require action to meet the required standard and a local report should be published soon.

Information leaflets recently developed:

- Where will you have your baby
- Support and positions for labour
- Non-epidural pain relief in labour

Additional information leaflets are in progress in relation to the following:

- Induction of Labour
- Caesarean Section
- Special Needs in Pregnancy

As the in-patient service will be relocated to the site of the local District General Hospital, midwives have been actively involved in various sub groups which hope to ensure that the building is fit for purpose. Discussions about service developments will be ongoing after the move. A rotational programme for the unit has taken place to ensure greater flexibility of the workforce in terms of flexibility.

Progress with Patient Group Directions is slow but we currently have 7 in place, 5 awaiting Drug and Therapeutic Committee approval and many more waiting to enter the process. The Nurse Director for NHS Ayrshire and Arran has agreed that a Midwifery Formulary can be compiled based on existing legislation and PGDs. A group is looking at advancing midwifery practice in relation to the use of the Formulary.

Supervisors of midwives have issued a statement on the utilisation of Maternity Care Assistants

3.2

Intranatal

A range of in-service education seminars take place as required within the unit ranging from normal labour to water birth. The number of women using water for pain relief in labour and for the birth of their baby has dramatically increased over the past few years.

A Quality Assurance Audit has been undertaken and shows a high standard of care delivery. There are a few points which require action and this will be progressed after the movement of the consultant maternity unit to the Crosshouse Hospital site.

A multidisciplinary Labour Ward Forum has been developed which reviews practice and assists in guideline development

A revised guideline on Normal Labour and a new guideline relating to Management of the third stage of labour have been completed which enhance choice for women.

3.3**Postnatal**

The hospital has recently been successfully re-assessed for Baby Friendly Accreditation. Standards were very high.

There is a midwife/health visitor liaison guideline which covers all areas of pregnancy and emphasises the need for good communication.

Two midwives have undertaken the Routine Examination of the Newborn course and are engaged in supervised practice

Quality Assurance audits on pre/postnatal inpatient care have been undertaken and largely show a high standard of care delivery. There are a few points which require action and this will be progressed after the movement of the consultant maternity unit to the Crosshouse Hospital site.

National hearing screening programme implemented since April 2005 and national set standards achieved with 99.42% of babies entering screening programme prior to discharge from hospital.

Hip scanning for babies in breech presentation at delivery now being carried out in hospital prior to discharge

3.4**Neonatal**

A discharge planning tool will be piloted in the NNU soon

A quality assurance audit is now complete and showed a high standard of care.

A Scottish wide Neonatal Dependency scoring chart will be piloted in soon.

MIDWIFERY SERVICES ORGANISATION AND MANAGEMENT

4.1	<i>Location</i>	<i>Available Beds</i>		<i>% Bed Occupancy</i>		<i>Average Length of Stay</i>	
		2005		2005		2005	
	<u>Intrapartum Services</u>						
	▪ <i>Pre labour</i>	5		-		-	
	▪ <i>Labour Suite</i>	11		-		-	
		16					
	<u>Inpatient Services</u>						
	▪ <i>Antenatal/Postnatal</i>	72		56.8%		2.1	
	<u>Outpatient Services</u>						
	▪ <i>Clinic</i>	NA		5425 new attend 4608 return		NA	
	▪ <i>Day Assessment (eg Early Pregnancy, Pre Assessment)</i>	NA		attend		NA	
	<u>Neonatal Services</u>						
	▪ <i>High Dependency/ Special Care</i>	25		497 adm 68.6%		16.1	

4.2		2005
	<i>Total Births Per Annum</i>	3590
	<i>Home Births</i>	6
	<i>Hospital Births</i>	ACH = 3559 Arran = 8 births (3.3% occ) over 2 beds
	<i>Births in Transit</i>	25
	<i>Multiple Births (specify)</i>	57 twins, 1 triplet

4.3		2005
	<i>% Rate of Induction of Labour</i>	26%
	<i>% Rate of Instrumental Delivery</i>	9%
	<i>% Rate of Caesarean Section</i>	24.7%

4.4

Brief description of any proposed changes or developments:

Ayrshire Central Maternity Unit will move to a new site at Crosshouse Hospital on 23rd August 2006. This will clearly involve much input from midwives in order to ensure that women have the best services available to them and that the environment is conducive to family centred care

The potential introduction of the following posts are under discussion:

Consultant Midwife in Normal Midwifery Practice

Special Needs in Pregnancy Midwife

Fetal Medicine Midwife

5

ACTION PLAN

5.1

Identify and timeframe priorities for supervision for the coming year

August 2006 – July 2007

Review of local process pending changes in Scotland with regard to the Regional LSAMO

Continue to encourage midwives to apply for the role of SOMs to reduce ratios and thereby improve quality of supervision

Continued involvement of SOMs in professional issues seminars

Work is ongoing in relation to the following:

Further Midwifery Supervision Awareness sessions

Increase proactivity in local Clinical Risk, Clinical Governance and other clinically focused groups by having a named SOM involved

Review potential to have Supervision website and drop in sessions

Action issues highlighted in action plan

STANDARD 6

Each Local Supervising Authority shall ensure that it complies with the requirements of the Midwives Rules and LSA Standards (2004) and shall produce a report every year which must be submitted to the National board for Scotland by 1st June.

The format and content should be as follows:

6.1 Supervision of Midwives and Midwifery Practice

- A
- i name of Health Board (local Supervising Authority)
 - ii designated Local Supervising Authority representative
 - iii
 - i the date in the month of March by which notification of intention to practise form under Rule 36 (1)(b) must be received by it; and
 - ii the name or office of the person to whom the said notice must be sent
 - iv
 - i the number of Supervisors of Midwives (Link and others), their area of responsibility and the number of practising midwives for which each supervisor is responsible
 - ii total number of practising midwives
 - iii a list of Supervisors of Midwives whom it has appointed; and
 - iv details of how it will provide midwives with continuous access to a Supervisor of Midwives.
- B
- i details of how the practice of midwives will be supervised
 - ii all policies which it has formulated affecting the practice of midwives
 - iii the standards of supervision set and agreed by the Local Supervising Authority and the Supervisor of Midwives
 - iv a report of the audit of the standards of supervision
 - v an indication of any deficiencies
 - vi remedial action to be taken and an indication of the timescale
- C
- The means by which it will
- i investigate any prima facie case of misconduct; and
 - ii determine whether to suspend a midwife from practice pursuant to Section 15(2)(c) of the Act.

Continuing Education and Professional Development of Midwives

6.2 Midwifery Practice and Approaches to Care including current research

Prenatal Care
Intrapartum Care
Postnatal Care
Neonatal Care

6.3 Midwifery Services Organisation and Management

6.4.1 Details of the following:

- i number of consultant maternity units – including their location, number of maternity beds, day care facilities and occupancy rates
- ii number of GP hospitals with maternity beds – including their location, number of beds and occupancy rates
- iii number of non-NHS units – their location, number of maternity beds and occupancy rates

DE-SELECTION OF SUPERVISORS OR LSAMO (NMC RULE 15, 2004)

STANDARD

The midwife may discontinue the role of SOM for various reasons, such as personal or retirement. However the SOM may be deselected where the standard of supervision falls below that expected by the LSAMO.

CRITERIA

- Problems may be identified by the LSAMO, peers, supervisees, or others
- The LSAMO is informed and the SOM is advised formally of the concerns by a contact SOM.
- The LSAMO or the contact SOM arranges an urgent meeting with the SOM and undertakes an investigation to confirm or refute concerns.
- Where concerns are unfounded following investigation no action is required.
- Where there is evidence to substantiate concerns remedial action will be proposed:
- The LSAMO and contact SOM will meet with the SOM to formulate an action plan and agree a time scale for achievement of objectives.
- Support /guidance strategies will be agreed and the contact SOM will ensure supervisory needs in terms of education, support and mentorship are met.
- The SOM will remain in post and the contact SOM will review supervisory activity within the agreed timescales or earlier if indicated.
- The contact SOM will update the LSAMO on progress throughout.
- The contact SOM and or the LSAMO will keep an accurate record of events.
- Where the standard of supervisory activity is unacceptable to the LSAMO and the contact SOM the SOM will be deselected.
- The LSAMO will inform the SOM of this decision in writing
- The LSAMO will notify the NMC, the contact SOM and other SOM's when a midwife ceases to be a SOM.
- Where the SOM wishes to appeal against this decision, a request should be made in writing within 14 days of the decision to the LSAMO.
- The appeal will be heard by an external contact supervisor and LSAMO.

Complaints against the LSAMO will be dealt with through a similar process by the Chief Executive of the LSA and involving an external LSAMO.

**NHS Ayrshire and Arran
LSA Audit of the Standard of Supervisory Practice, July 2006**

Supervisors Audit

Think about the supervision period April 2005-March 2006.

It was agreed that supervisors should negotiate for the equivalent of 7.5 hours per month within working hours to carry out supervision duties:

Please circle one

- | | | | | |
|----|--|------------------|---|------------------|
| Q1 | How often were you able to access this time? | All of the time | 1 | →Go to Q3 |
| | | Most of the time | 2 | →Go to Q3 |
| | | Sometimes | 3 | →Go to Q2 |
| | | Rarely | 4 | →Go to Q2 |
| | | Not at all | 5 | →Go to Q2 |

Q2 What made it difficult to access this time?

For meetings:

For additional work:

As a supervisor, you have a remit to ensure effective communication with your midwives. In the period April 2005-March 2006:

Q3 How many midwives did you supervise?

Please circle one

- | | | | | |
|----|--|--------------|---|--|
| Q4 | How many of these midwives did you invite to meet you to discuss their professional development needs? | All of them | 1 | |
| | | Most of them | 2 | |
| | | Some of them | 3 | |
| | | None of them | 4 | |
-
- | | | | | |
|----|--|--------------|---|------------------|
| Q5 | How many of these midwives did you meet to discuss their professional development needs? | None of them | 1 | →Go to Q6 |
| | | Some of them | 2 | →Go to Q6 |
| | | Most of them | 4 | →Go to Q7 |
| | | All of them | 5 | →Go to Q7 |

Q6 What prevented you from meeting them?

Please turn over the page now

Continue to think about the supervision period April 2005-March 2006

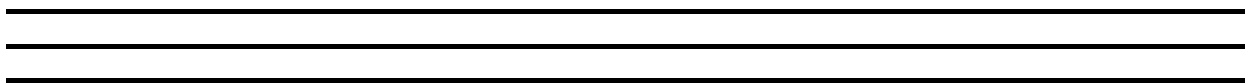
As a supervisor, you are required to keep records pertinent to supervision and to monitor the standard of midwifery practice within your area. For the period April 2005-March 2006:

Please circle all that apply

- Q7 Do you have records of the following:
- | | |
|---|---|
| Every meeting with one of your midwives? | 1 |
| When an intention to practice form was completed? | 2 |
| When each midwife is due to re-register? | 3 |
-
- Q8 How many midwives did you speak to about the standard of their practice? Number of midwives

Please circle

- | | | | | |
|----|---|-------------------|---|------------|
| Q9 | Were you involved in any cases of alleged misconduct? | <u>one</u> | | |
| | | Yes several | 1 | ➔Go to Q10 |
| | | Yes one | 2 | ➔Go to Q10 |
| | | No none | 3 | ➔Go to Q11 |
-
- | | | | | |
|-----|---|----------------|---|--|
| Q10 | Was the LSA Officer advised of these cases? | Yes all cases | 1 | |
| | | Yes some cases | 2 | |
| | | No | 3 | |
-
- | | | | | |
|-----|--|--------------|---|------------|
| Q11 | Did you audit at least 1 set of records for each of your midwives? | No | 1 | ➔Go to Q12 |
| | | Yes for some | 2 | ➔Go to Q12 |
| | | Yes for all | 3 | ➔Go to Q13 |
-
- Q12 What prevented you from auditing their records?



Please circle one

- | | | | |
|-----|--|---------------|---|
| Q13 | Did you need to inspect midwifery premises or equipment? | No not at all | 1 |
| | | Yes | 2 |
-
- Q14 Were you involved in the review of any medicine errors? Number of cases

Please go to the next page now

Continue to think about the supervision period April 2005-March 2006

As a supervisor, you have a remit to contribute to the quality of clinical and education services provided. In the period April 2005-March 2006:

Please circle one

- | | | | | |
|-----|---|------------|---|------------|
| Q15 | How often did you participate in risk management or clinical audit? Eg as member of group or in formation of guideline or audit.. | Frequently | 1 | ➔Go to Q17 |
| | | Sometimes | 2 | ➔Go to Q17 |
| | | Not at all | 3 | ➔Go to Q16 |

Q16 What prevented you being involved in this?

- | | | | | |
|-----|---|------------|---|------------|
| Q17 | How often did you participate in teaching about supervision on pre/post registration courses? | Not at all | 1 | ➔Go to Q18 |
| | | Sometimes | 2 | ➔Go to Q19 |
| | | Frequently | 3 | ➔Go to Q19 |

Q18 What prevented you being involved in this?

- | | | | | |
|-----|---|------------|---|------------|
| Q19 | How often did you participate in drafting or reviewing clinical guidelines in your NHS Board? | Not at all | 1 | ➔Go to Q20 |
| | | Sometimes | 2 | ➔Go to Q21 |
| | | Frequently | 3 | ➔Go to Q21 |

Q20 What prevented you being involved in this?

- | | | | | |
|-----|--|----------------|---|------------|
| Q21 | Overall, did you have difficulty fulfilling any aspect of your role as supervisor of midwives? | No not at all | 1 | ➔Go to Q23 |
| | | Yes probably | 2 | ➔Go to Q22 |
| | | Yes definitely | 3 | ➔Go to Q22 |

Q22 What did you have difficulty with?

Please turn over the page now

Continue to think about the supervision period April 2005-March 2006

As a supervisor, you have access to an innovative continuous professional development programme tailored to your learning needs. Since its development:

Please circle one

- | | | | |
|-----|--|-------------------|---|
| Q24 | How useful have you found the away days for SOMs | Extremely useful | 1 |
| | | Somewhat useful | 2 |
| | | Not at all useful | 3 |
| Q25 | How useful have you found the discussion about difficult cases / peer review | Extremely useful | 1 |
| | | Somewhat useful | 2 |
| | | Not at all useful | 3 |
| Q26 | Are there any other comments you would like to make? | | |

LSA Audit of the Standard of Supervisory Practice (NHS Ayrshire and Arran, 2006)

Midwives Audit

Q1 What is the name of your supervisor of midwives? _____

Please circle all that apply

Q2 Has your supervisor given you written information on any of the following?

- | | |
|--|---|
| How to contact her | 1 |
| Your role in relation to your supervision | 2 |
| Her role as your supervisor | 3 |

Please circle one

Q3 Do you know how to contact a supervisor 24 hours a day?

- | | |
|----------------|---|
| No not at all | 1 |
| Yes probably | 2 |
| Yes definitely | 3 |

Now think about your supervision in the period April 2005-March 2006

Q4 Did your supervisor invite you to meet with her to discuss your professional development needs?

- | | |
|-------------------|---|
| No not at all | 1 |
| Yes once | 2 |
| Yes several times | 3 |

Q5 Did your supervisor advise you to bring a set of your case records for review during the meeting?

- | |
|-----|
| Yes |
| No |

Q6 What prevented you from meeting with your supervisor?

Please turn over the page now

Continue to think about your supervision in the period April 2005-March 2006

Please circle one

Q7 How often did you seek **advice or professional support** from your supervisor?

	Not at all	1	→Go to Q9
	Once	2	→Go to Q8
	Several times	3	→Go to Q8

Q8 How satisfied were you with the support from your supervisor at that time?

	Not at all satisfied	1
	Not very satisfied	2
	Satisfied	3
	Very satisfied	4
	Extremely satisfied	5
	Not applicable	6

Q9 Did your supervisor speak to you about the standard of your **practice**?

	No never	1	→Go to Q11
	Yes once	2	→Go to Q10
	Yes several times	3	→Go to Q10

Q10 How satisfied were you with the support from your supervisor at that time?

	Very satisfied	1
	Satisfied	2
	Not very satisfied	3
	I didn't ask for support	4

Q11 If you were involved in a medication error did you discuss it with your supervisor within 7 days?

	Yes definitely	1
	Yes probably	2
	No not at all	3
	Not applicable	4

Please circle all that apply

Q12 To which of the following *NMC* documents have you accessed?

	Code of Professional Conduct 2004	1
	Midwives Rules and Standards 2004	2
	Guidelines for the Administration of Medicines 2004	3
	Guidelines for records and Record Keeping 2005	4

Q13 Did your supervisor advise you how to access any of the following Board documents?

	Policies or guidelines relating to practice	1
	Policies or protocols relating to pharmacy or medicines	2
	Health & safety/hazard warnings relating to pharmacy/medicines/equipment	3

Please go to the next page now

Continue to think about your supervision in the period April 2005-March 2006

Please circle one

- Q14 Overall, how satisfied are you with the standard of supervision in Ayrshire and Arran?
- | | | |
|----------------------|---|------------|
| Not at all satisfied | 1 | ➔Go to Q16 |
| Not very satisfied | 2 | ➔Go to Q16 |
| Satisfied | 3 | ➔Go to Q17 |
| Very satisfied | 4 | ➔Go to Q17 |
| Extremely satisfied | 5 | ➔Go to Q17 |

Q15 What would improve the standard of supervision for you?

Q16 Are there any other comments you would like to make?

**Thank you for your co-operation with this important audit
Your individual responses are confidential**

--	--	--	--	--	--

NHS AYRSHIRE & ARRAN LOCAL SUPERVISING AUTHORITIES

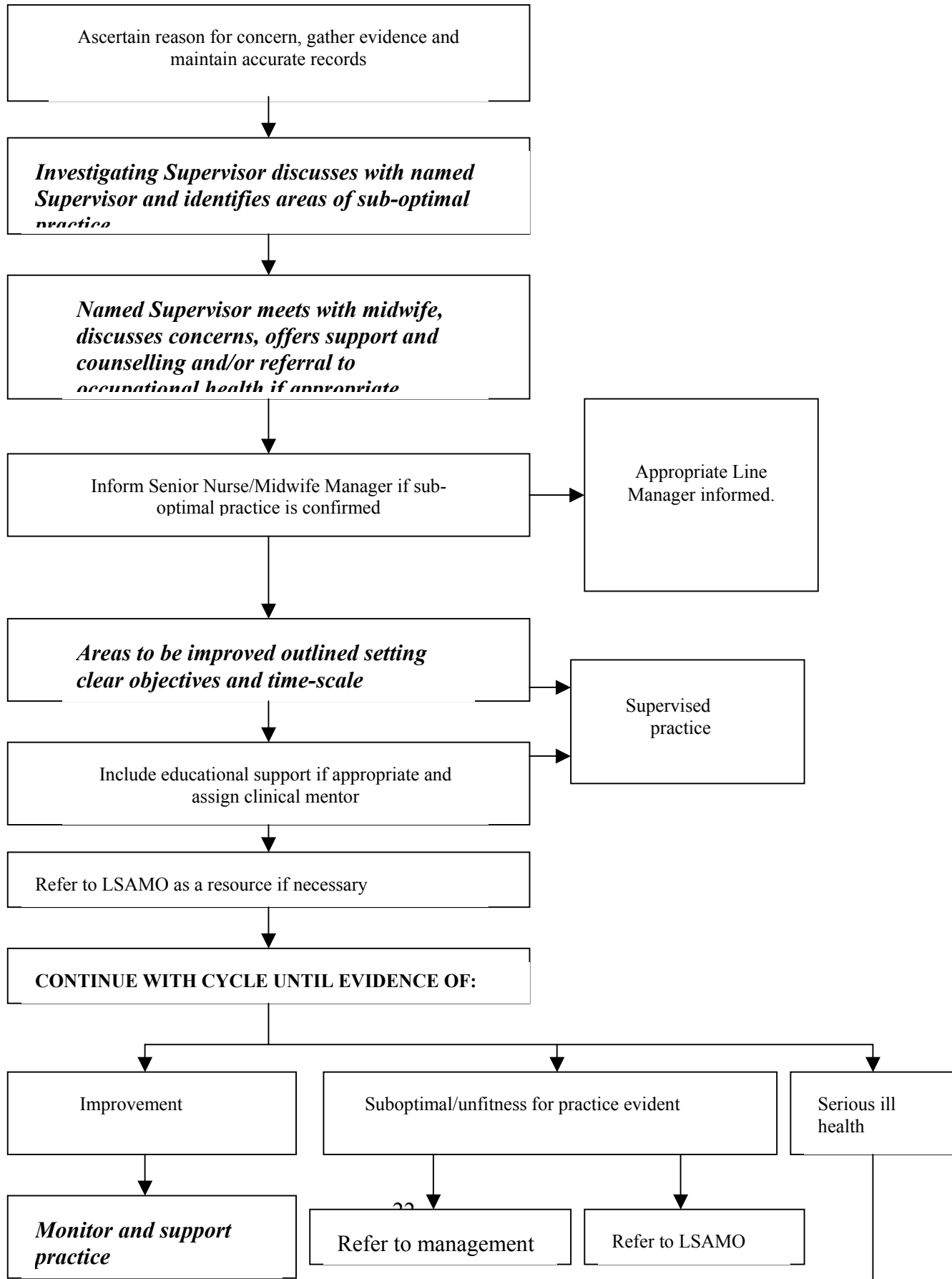
GUIDELINES FOR SUPERVISORS OF MIDWIVES

WHEN DEALING WITH SUB-OPTIMAL PRACTICE

There are occasions when midwives are identified whose practice considered sub-optimal. A Supervisor may have concerns following an incident or a supervisory review, or a midwife may allege to a Supervisor that another midwife has practised sub-optimally.

In order to determine the need to investigate an allegation of sub-optimal practice the Supervisor will need to gather evidence of those concerns. The local Supervisor of Midwives' regular meetings may be an opportunity to discuss, in confidence, supervisory concerns or specific issues raised by an individual's practice.

FLOWCHART



Suspension from Practice (Statutory supervision in Scotland)

Procedure for Suspension of a midwife from practice by an LSAMO

There are **two** main reasons for a LSA to suspend a midwife from practice (NMC 2004):

- (a) a midwife against whom it has been reported a case for investigation to the Council pending the outcome of the Council's investigation
- (b) a midwife who has been referred to a Practice Committee of the Council, pending the outcome of that report

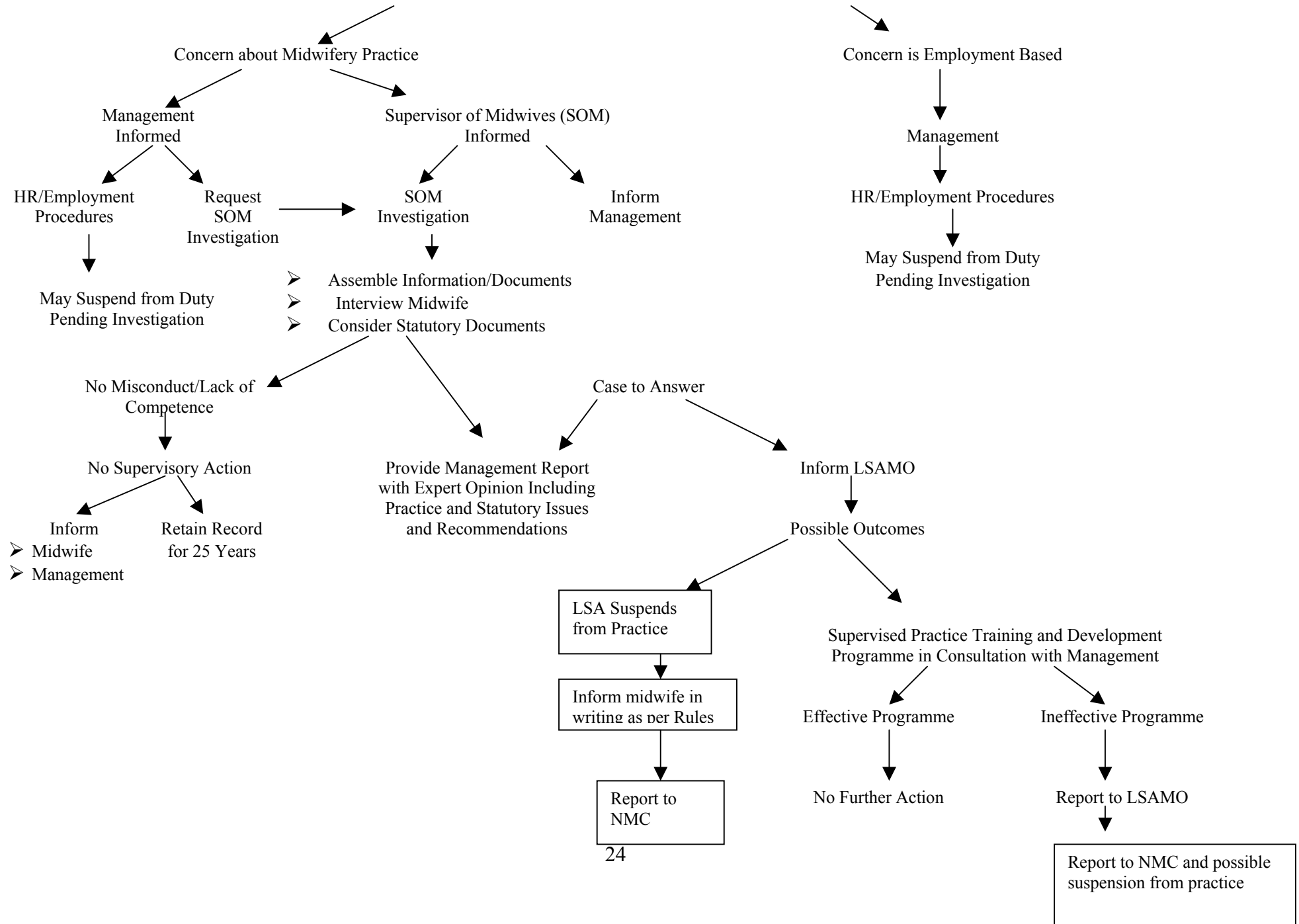
When the midwife is an employee of an organisation, concerns about inadequate/poor performance will be an employment issue as well as a supervisory issue. In this case, it may be in the interests of the midwife for the investigation to be jointly carried out and information to be shared.

Concerns about a midwife's performance can arise from different routes and may relate to employment or professional performance.

- | | |
|------------------------------|--|
| Patient/relatives complaints | - Expressed to either manager or the SOM |
| Other professionals | - As above |
| The SOM | - As a result of a supervisory visit. |

The following flowchart may be helpful in outlining the process for an untoward midwifery incident.

CONCERNS ABOUT CONDUCT OR COMPETENCE



standards for the Supervision of Midwifery Practice

1. Standard 1 Intention to Practice (NMC Rules 3 & 4, 2004)

Standard

Supervisors will ensure that returned completed annual intention to practice forms (ITP) are forwarded to the LSAMO by 1st March each year for all midwives under their supervision. The LSAMO will ensure that all completed ITP data is returned to NMC by 1st April each year and monthly ITP data is returned to NMC by 1st of each month.

Criteria

- Midwives will receive annual forms directly from NMC

On receipt of completed forms supervisors will:

- Check details on individual forms for completeness
- Verify that the midwife has met the CPD requirements to maintain midwifery registration
- Offer guidance and support to the midwife in relation to maintaining competence to practise midwifery
- Countersign the ITP form
- Adhere to the agreed procedure in each NHS Board for collation of forms
- Forward a reminder to those midwives whose forms have not been received by the SOM by 15th February

The LSAMO will:

- Forward a Letter to those midwives whose forms are outstanding, by 1st April advising that they are no longer eligible to practice within the LSA
- Inform the relevant Heads of Midwifery/Service Manager/Link SOM/SOM of the midwife's decision to cease practicing midwifery within the area.

2. Standard 2 Fitness to practice (NMC Rule 5, 2004)

Standard

SOMs will inform the LSAMO of any untoward midwifery incidents and undertake their responsibilities in dealing with instances of alleged misconduct, with reference to the relevant documents, as well as local disciplinary and grievance procedures.

Criteria

In instances of possible misconduct or impairment of fitness to practice by any midwife under their supervision, SOMs will:

- Work alongside the midwife's employer throughout
- Conduct an interview with the midwife concerning her midwifery practice
- Provide/facilitate access to support networks
- Undertake examination of events and circumstances for consideration during the course of the interview/counselling session
- Conduct an investigation of the circumstances, as required by the individual case
- Establish and maintain direct meaningful communication on midwifery practice with the individual midwife
- Provide continuing support and facilitate access to education, re-skilling and/or updating identified as a result of the case
- Provide ongoing assessment with the midwife of planned interventions
- Document all interviews, actions and outcomes recorded
- Provide professional advice on matters relating to discipline
- Report cases of alleged misconduct or impairment of fitness to practice to the LSAMO and provide a detailed report of any such cases
- Provide advice to the LSAMO, prior to any possible suspension of a midwife from practice.

3. **Standard 3 Administration of Medicines (NMC Rule 7, 2004)**

Standard

SOMs will ensure that midwives comply with legislation relating to medicine and associated equipment.

Criteria

SOMs will:

- Ensure each midwife under their supervision has a copy of the NMC Guidelines for the Administration of Medicines
- Ensure that midwives have access to information obtained in NHS Board and Pharmacy Manuals and that they are conversant with any local Midwifery Formulary
- Ensure that midwives have access to and are conversant with information contained in current Hazard Warnings and Health and Safety Manuals relating to medicines and associated equipment
- Audit records to ensure that documentation complies with NMC Rules and Standards

4. **Standard 4 Communication & Records (NMC Rules 9 & 12, 2004)**

Standard

SOMs have a responsibility to ensure effective communication exists between them the midwives they supervise, the LSAMO and the service providers at all levels in the NHS Board. For this communication to be successful, it has to be collaborative to maintain and improve standards of practice and care and to ensure protection of the public.

Criteria

Between SOM and the midwife

SOMs will:

- Ensure each midwife is provided with written information on their SOMs contact details and access to cover over a 24 hour period. Also included in this will be information on the respective roles/responsibilities of the SOM and the midwife
- Offer regular meetings with individual midwives, at least once a year, to help them to evaluate their practice and identify areas for development
- Maintain records on these meetings for a minimum of 7 years
- Ensure the midwife is aware of the need to contact their SOM when their practice is under scrutiny to initiate support
- Ensure that midwives understand that they have statutory rules and guidance, which they are bound to adhere to
- Each midwife should be aware of the local policies for their area of practice
- Advise independent practitioners that records should be kept in a form approved by the LSA and returned to the LSAMO should they be unable to store safely for 25 years

Communication between SOM and Link Supervisor, LSA and NMC

SOMs will:

- Attend at least 50% of local meetings and a minimum of 50% LSAMO meetings annually
- Ensure they have copies of all relevant documents issued by LSA and NMC
- Participate in the LSAMO audit examining the standard of supervision, for the purpose of identifying deficiencies and addressing remedial action.

Communication between SOM and service providers

SOMs will:

- Liase with service providers as required via the existing organisational structure
- Participate in drafting clinical guidelines and facilitate teaching sessions in pre and post registration education if required.

5. Standard 5 Appointment of Supervisors (NMC Rule 11, 2004)

Standard

Selection and appointment of SOMs will fulfil the requirements outlined in Rule 11 of the Midwives Rules and Standards. The LSAMO will appoint SOMs using the agreed process as described within the following guidelines.

Criteria

- SOM vacancies will be advertised locally
- Midwives can apply through self-selection, peer nomination and/or recommendation

Applicants will:

- Satisfy the statutory requirements of Rule 11 by having completed an approved course of preparation
- Have peer support for their application
- Interview will be by panel, which may include a local SOM, the LSAMO
- The final decision to appoint is that of the LSAMO
- The LSAMO will notify the NMC and other SOMs of the appointment
- Unsuccessful candidates will be contacted promptly and offered post interview counselling by a panel member
- Appointment will be reviewed through the LSAMO annual audit
- A minimum of three months preceptorship will be provided locally by an experienced SOM, chosen by the newly appointed SOM

6. Standard 6 De-selection of Supervisors (NMC Rule 15, 2004)

Standard

The midwife may discontinue the role of SOM for various reasons, such as personal or retirement. However the SOM may be deselected, where the standard of supervision falls below that expected by the LSAMO.

Criteria

- Problems may be identified by the LSAMO, peers, supervisees or others
- The LSAMO is informed and the SOM is advised formally of concerns by the Link SOM
- The Link SOM or LSAMO arranges an urgent meeting with the SOM and undertakes an investigation to confirm or refute concerns

Where concerns are unfounded following investigation, no action is required

Where there is evidence to substantiate concerns, remedial action will be proposed:

- The LSAMO will meet with the SOM to formulate an action plan and agree a time-scale for achievement of objectives
- Support/guidance strategies will be agreed and the LSAMO will ensure supervisory needs in terms of education, support and mentorship are met
- The SOM will remain in post and the LSAMO will review supervisory activity within the agreed time-scale, or earlier if indicated

- The LSAMO will keep an accurate record of events

Where the standard of supervisory activity is unacceptable to the LSAMO, the SOM will be deselected

- The LSAMO will advise the SOM of this decision in writing
- The LSAMO will notify the NMC, and other SOMs when a midwife ceases to be a SOM
- Where the SOM wishes to appeal against this decision, a request should be made in writing within 14 days of decision to LSAMO
- The appeal will be heard by an external LSAMO.

7. Standard 7 Monitoring professional practice (NMC Rules 7 & 9, 2004)

Standard

SOMs will monitor the professional standards of each practising midwife under their supervision, through audit of records and assessment of clinical outcomes, and taking appropriate action as necessary.

Criteria

SOMs will:

- Be aware of how to verify a midwife's eligibility to practice via NMC voicecheck
- Advise each midwife of their eligibility to practice according to the PREP practice and education standards
- Each SOM will audit a minimum of 10 records per annum using an audit tool based on NMC guidance for records and record keeping (NMC, 2004)
- Contribute to clinical governance activities such as risk management and clinical audit within their local NHS Board
- Inspect equipment and premises as required, to ensure their suitability for professional purposes.

Findings and Action Plan for LSA supervisors (MW) Audit 2006

Question	Response	Comment	action
Has your supervisor given you written information on any of the following? <ul style="list-style-type: none"> • How to contact her • Your role in relation to your supervision • Her role as your supervisor 	All midwives audited had received all information	High standard	Continue good communication
Do you know how to contact a supervisor	86% definitely new how to make contact and 16% said they probably new	High standard but deficiency needs addressed	Ensure all soms send supervisees a copy of the supervision of midwives booklet Midwives have a responsibility to read
Did your supervisor invite you to meet with her to discuss your professional development needs?	50% of midwives stated that there som had invited them to a meeting on one occasion; the remaining 50% had been invited several times	All midwives received an invitation to meet	Continue offering meetings
Did your supervisor advise you to bring a set of your case records for review during the meeting?	42% were not asked to bring a set of records to the meeting 48% of responses were missing	This has been discussed in the past by soms but to date workload has prevented it being implemented	SOMs should put in a protected time form if they have difficulty getting time for som commitments The new LSA standards require record review by soms in future
What prevented you from meeting with your supervisor?	50% of midwives did not respond to this 14% were on maternity leave 35% stated they felt they did not need to see their som	There were no responses which indicated their was anything which prevented supervisory meetings, except midwife choice	SOMs should continue to encourage midwives to meet with their supervisors particularly as they are now signing off ITPs
How often did you seek advice or professional support from your supervisor?	21% of midwives had received support or advice from their SOM on one again	It is a pity that midwives do not routinely seek professional advice and support from	SOMs should continue to encourage midwives to meet with their supervisors particularly as they

	1 midwife had received support on several occasions The remainder had not met their SOM	their SOM as supervision of midwifery has much to offer	are now signing off ITPs
How satisfied were you with the support from your supervisor at that time?	50% of those who had received support or advice said they were extremely satisfied with this; the remainder were very satisfied	High Standards and shows the positive effects of interaction with SOM	Continue to provide a high standard of advice and support
Did your supervisor speak to you about the standard of your practice?	2 midwives had to speak to a SOM about their standard of practice		
How satisfied were you with the support from your supervisor at that time?	1 midwife was very satisfied with the support received, the other satisfied		
If you were involved in a medication error did you discuss it with your supervisor within 7 days?	Three midwives were involved in a medication error and all reported it within 7 days	Complies with timescale in the policy on medicine administration errors	
To which of the following <i>NMC</i> documents have you accessed? <ul style="list-style-type: none"> • Code of Professional Conduct 2004 • Midwives Rules and Standards 2004 • Guidelines for the Administration of Medicines 2004 • Guidelines for records and Record Keeping 2005 	79% of midwives had access to all booklets all midwives had access to the guidelines for administration of medicines 1 midwife stated she did not have access to the Midwives Rules and Standards or Guidelines for Records and Record Keeping 2 midwives stated they did not have access to the Midwives Rules and Standards	In the SOM booklet midwives are advised that there should be a copy of these documents in all areas and that if they require one it can be obtained from the Senior Nurse Midwife's Office	Ensure all som send all supervisees a copy of the supervision of midwives booklet Midwives have a responsibility to read this

	3 midwives stated they did not have access to the Guidelines for Records and Record Keeping		
<p>Did your supervisor advise you how to access any of the following Board documents?</p> <ul style="list-style-type: none"> • Policies or guidelines relating to practice • Policies or protocols relating to pharmacy or medicines • Health & safety/hazard warnings relating to pharmacy/medicine s/equip 	<p>There seemed to be much confusion about this question and over 50% of the midwives did not respond to it</p> <p>Of those who did respond 66% were aware of all the documents and 33% of at least one</p>	<p>This is a new standard and previously would have been only undertaken by the midwife's manager unless there was a specific need to discuss at a supervisory meeting</p>	<p>Raise awareness amongst SOMs in relation to this new role</p>
<p>Overall, how satisfied are you with the standard of supervision in Ayrshire and Arran?</p>	<p>71% of midwives stated they were satisfied by their experience of supervision of midwives in Ayrshire and Arran 21% very extremely satisfied and the remainder were very satisfied</p>	<p>No midwife stated they were dissatisfied with the standard of supervision</p>	
<p>What would improve the standard of supervision for you?</p>	<p>Only 3 midwives gave comments:</p> <ul style="list-style-type: none"> • Happy • Fine, easy access, confidential and supportive • Very helpful and approachable 		

Findings and Action Plan for LSA supervisors (SOMs) Audit 2006

Question	Response	Comment	action
How often were you able to attain protected time for supervisory duties?	<p>2 SOMS responded that they were able to access protected time most of the time</p> <p>4 SOMS accessed it sometimes</p> <p>5 SOMs said they rarely accessed it</p> <p>1 SOM said she was never able to access it</p>	The reasons given for this were all related to workload and/or staff shortages	There has been one protected time form submitted to the Head of Midwifery. This form should be completed for any month in which the SOM cannot utilise protected time.
How many of the midwives you supervise did you meet?	<p>10 SOMS indicated that they met with some of their midwives</p> <p>2 indicated they had met with all</p> <p>Midwives choice appeared to be the only barrier to meetings</p>	Overall there seems to be an increased uptake in routine supervisory meetings although many midwives still choose not to meet with their SOM	SOMS should continue to encourage midwives to meet with them at least on an annual basis
<p>Do you have records of the following:</p> <ul style="list-style-type: none"> • Every meeting with one of your midwives? • When an intention to practice form was completed? • When each midwife is due to re-register? 	<p>8 SOMS indicated they kept all three of these records</p> <p>3 seemed unaware that the registration date of all supervisees was on their list</p> <p>2 stated they did not keep records of every meeting with their supervisees</p>	Some clarification is required to ensure uniformity in record keeping	This should be discussed at the next SOM meeting to ensure record keeping is standardised
How many midwives did you speak to about the standard of their practice?	4 SOMs had discussed the standard of practice with 5 supervisees	It is not clear if this overlaps with medicine errors and needs clarification in the next audit	

Were you involved in any cases of alleged misconduct	There were no cases of alleged misconduct		
Was the LSA Officer advised of these cases?	N/A		
Did you audit at least 1 set of records for each supervisee?			
Did you need to inspect midwifery premises or equipment?	1 SOM did this as an independent midwife new to the area had just submitted her intention to practice	All equipment and documentation was in order	Ensure all soms send all supervisees a copy of the supervision of midwives booklet Midwives have a responsibility to read this
Were you involved in the review of any medicine errors?	Only 2 SOMs had not been involved in reviewing medicine errors	The reduction of medication errors is an ongoing issue throughout the NHS	Induction of new employees includes medicines awareness including scenarios Other sessions are planned for existing staff The clinical risk newsletter highlights themes such as this
How often did you participate in risk management or clinical audit? Eg as member of group or in formation of guideline or audit..	3 SOMs were frequently involved in these activities 4 SOMs were sometimes involved the remainder had no current involvement	We are in the process of getting SOMs on to key maternity groups which should facilitate this An SOM will shortly join the clinical risk management group to represent supervision only	
What prevented you being involved in this?	1 SOM highlighted staff shortages 1 the need for update in relation to systems 2 had not asked to directly contribute	This should be improved by the above and better use of protected time	
How often did you participate in teaching about supervision on pre/post registration	2 SOMs were frequently involved in teaching and 1 sometimes did this	Professional issues sessions were temporarily halted during move to	Arrange dates/times/venues and facilitators for professional issues

courses?		new site and will be undertaken in the autumn	seminars
How often did you participate in drafting or reviewing clinical guidelines in your NHS Board?	7 SOMs sometimes were involved in drafting or commenting on guidelines 1 was frequently involved	Discussion should take place on contact details as SOMs did receive some documents throughout the year All SOMs were involved in reviewing the homebirth and waterbirth guidelines	Check contact details
Overall, did you have difficulty fulfilling any aspect of your role as supervisor of midwives?	5 SOMs said that they probably had difficulty in carrying out their full supervisory function 1 said she had no problems and the remainder definitely had difficulty in undertaking the standard of midwifery supervision they wanted 2 SOMs said they were demoralised / frustrated by this	Workload and Staff shortages appear to have had a significant impact on supervisory function. However, the consultant maternity unit is currently running at full establishment. However, no forms have as yet been received re difficulty in obtaining protected time	Publicize the need to use the protected time form
How useful have you found the away days for SOMs	All but 3 of the SOMs found the awaydays extremely useful ; the remainder felt it was somewhat useful	SOM awayday will take place at the end of this year	Ascertain views on context of 2006 awayday with SOMs
How useful have you found the discussion about difficult cases / peer review	All but 2 of the SOMs found the awaydays extremely useful The remainder felt it was somewhat useful	Several SOMs highlighted the importance of this event and wished more of it	Discuss future sessions at next SOM meeting

