LOCAL SUPERVISING AUTHORITY (LSA)

ANNUAL REPORT

1 APRIL 2005 – 31 MARCH 2006

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NHS LANARKSHIRE LOCAL SUPERVISING AUTHORITY

ANNUAL REPORT 2005 – 2006

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NHS Lanarkshire

NHS LANARKSHIRE BOARD

LOCAL SUPERVISING AUTHORITY ANNUAL REPORT

1 APRIL 2005 – 31 MARCH 2006

1. INTRODUCTION

1.1 In line with the overall purpose of professional self-regulation, supervision of midwives and midwifery practice supports protection of the public by promotion of good practice, preventing poor practice and intervening in unacceptable practice. Use of the supervisory framework will lead to further improvements in standards of midwifery care and improved outcomes for women and babies.

1.2 Statutory Supervision of Midwives was introduced in the United Kingdom over 100 years ago through the Midwives Act, 1902, and through similar legislation in Scotland in 1915. While progressively evolving by a process of continuous development, it is now a recognised effective model of professional regulation.

1.3 Statutory Supervision of midwives is acknowledged as a valuable resource to the profession, to individual midwives and to the organisations that employ them. The framework of statutory supervision ensures that all practising midwives have access to a named supervisor who is responsible for supporting their practice and providing leadership, guidance and where necessary support on all aspects of professional practice. All supervisors of midwives have equal status regardless of their substantive post.

1.4 As a result of the extensive changes to the organisation and focus of health care, as well as the increased duties and autonomy of midwives, today's supervisors of midwives should be actively involved in organisational and communication activities, in addition to supportive and advisory functions. This expanded role has developed as a direct result of the events and legislation that have influenced the maternity services.[1]

2. BACKGROUND

2.1 Rule 16 of the Nursing & Midwifery Council Midwives Rules and Standards states that "Each year every local supervising authority shall submit a written report to the Council by such date and containing such information as the Council may specify".[2]

2.2 The local supervising authority standard states that "A 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 1st of June each year. Each local supervising authority will ensure that their report is made available to the public. In February 2006 however, the NMC Midwifery Committee approved a change to this timescale, with the revised timescale indicating that the report is to be received by the NMC in electronic format by the 30th September each year.

[1] Scottish LSA Forum, Statutory Supervision of Midwives in Scotland, August 2005
[2] Nursing & Midwifery Council, Midwives rules and standards, May 2004

2.3 In June 2006 the NMC Circular 15/2006 provided Guidance for Local Supervising Authority (LSA) Annual Report submission to the NMC for practice year 1 April 2005 – 31 March 2006.

The report should include but not necessarily be limited to:

- Numbers of supervisor of midwives appointments, resignations and removals
- Details of how midwives are provided with continuous access to a supervisor of midwives
- Details of how the practice of midwifery is supervised
- Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits
- Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education
- Details of any new policies related to the supervision of midwives
- Evidence of developing trends affecting midwifery practice in the local supervising authority
- Details of the number of complaints regarding the discharge of the supervisory function
- Reports on all local supervising authority investigations undertaken during the year

2.4 The Local Supervising Authority Midwifery Officer (LSAMO) for NHS Lanarkshire has produced the report on behalf of the Board for presentation at the Health & Clinical Governance Steering Group, ensuring that it contains as a minimum the information required by the Nursing & Midwifery Council. [3]

3. ANNUAL REPORT – PUBLIC AVAILABILITY

3.1 In previous years the Annual Report has not been made directly available to the public, although as a tabled agenda item at the Acute Division Clinical Board it was available on request. As of this year we intend to publish the report on the NHS Lanarkshire website www.nhslanarkshire.org.uk The report can be accessed by clicking on the publications section on the homepage. The report will also be available through a link on the Maternity page of the website.

3.2 In addition NHS Lanarkshire have lay representation on the local Supervisor of Midwives (SOM) Forum, the Maternity Strategy Group and the Maternity Services Liaison Committee. Copies of the report will be made available to members of these groups.

4. SUPERVISOR OF MIDWIVES APPOINTMENTS, RESIGNATIONS AND REMOVALS

4.1 During the period April 2005-March 2006, Noreen Kent undertook the LSAMO role for NHS Lanarkshire, in addition to her substantive role as Associate Director of Nursing & Midwifery.

4.2 In 2005/6 there were 29 Supervisors of Midwives within Lanarkshire (Table 1), who were employed within NHS Lanarkshire Acute Division, Primary Care Division and Bell College of Higher Education. The Supervisors provide support and guidance to midwives who are employed within NHS Lanarkshire, as well as to practice nurse/midwives who are employed directly by general practitioners, midwives whose secondary/extended area of practice is NHS Lanarkshire and any independent midwifery practitioners who practice from time to time within the Board area.

4.3 For the period April 2005-March 2006, there were nine new appointments, these were made in order to meet the recommended ratio of one supervisor to fifteen midwives. There was one resignation during this time period and no removals were made from the

[3] Nursing & Midwifery Council, Midwives rules and standards, May 2004, Rule 16

NHS Lanarkshire SOM cohort. One SOM remained on secondment to another Board area during this time.

4.4 For the purpose of trend analysis, during the annual report period (2004-5) there were no appointments, resignations or removals.

For the annual report period (2003-4) there were six appointments, five resignations and no removals.

4.5 NHS Lanarkshire supported five midwives undertaking the Preparation for Supervisors of Midwives Module at Bell College of Education during this reporting period in order to prepare for any vacancies which may arise. As part of the training the midwives attended the local SOM forum meetings as observers.

TABLE 1	SUPERVISOR OF MIDWIVES	DATE OF APPOINTMENT
	Noreen Kent (LSAMO)	1995
	Yvonne Bronsky (Link SOM)	1991
	Moira Gray	1991
	Marjorie A Russell	1991
	Denise Gray	1996
	Ellen Connolly	1996
	Margaret MacAdam	1996
	Jean Watson	1998
	Helen Felvus	1999
	Georgetta Tanner	1999
	Lyn Clyde	2002
	David Cunningham	2002
	Sandra Hogg	2002
	Shona Montgomery	2002
	Riny Wondergem	2004
	Michelle Walsh	2004
	Evelyn Forrest	2004
	Myra Stevens	2004
	Margaret McCredie	2004
	Amanda Kennett	2004
	Christine Mackay	2005
	Heather Weir	2005
	Josie Davidson	2005
	Shona Muir	2005
	Rosemary Murphy	2005
	Anne Nicholas	2005
	Jackie MacDonald	2005
	Veronica Gordon	2005
	Carole Burns	2005

5. PROVIDING MIDWIVES WITH CONTINUOUS ACCESS TO A SUPERVISOR OF MIDWIVES

5.1 Midwives are advised of their named supervisor and contact details on appointment, or where any alterations occur due to changes within the SOM establishment. Lists of Supervisors of Midwives are also circulated to all wards, departments and community areas and updated as required. The hospital switchboard has details of supervisors and contact numbers. In addition midwives can contact the maternity unit co-ordinator on duty (the majority of whom are also SOM) 24 hours a day, who can advise on the availability of an alternative Supervisor if the midwife's named Supervisor is unavailable. (Appendix 1) Either the Link SOM or the LSAMO are available at all times for advice and support and provide cross cover during periods of annual leave.

5.2 The LSAMO is aware that the NMC advocate that midwives are given the option to choose their SOM, however operationally this can be difficult in ensuring that the ratio of SOM to supervisees remains equitable, especially as each SOM already has an established list of supervisees.

5.3 Although midwives are therefore allocated a SOM, they may request to either remain with a particular supervisor, or indeed move to a supervisor of their choice if they are for any reason uncomfortable with the allocated choice. In reality such requests happen infrequently and when received have always been accommodated.

5.4 As of the autumn of 2006 when the new cohort of student midwives start, NHS Lanarkshire SOM's will also be supervising student midwives who train within our service. In this situation it is planned that each Supervisor will have a maximum of three students and it has been agreed with our midwifery lecturer colleagues that the students will choose from the list of existing SOM.

5.5 During the period of 2005/6 no formal audit has been undertaken in relation to the effectiveness of the systems in place to ensure midwives have continuous access to a Supervisor of Midwives, however no incidents have been reported in relation to problems of access. An audit tool now forms part of the Scottish LSA Forum, Statutory Supervision of Midwives in Scotland document and an audit will be undertaken during 2006/7.

6. THE SUPERVISION OF MIDWIVES

6.1 This is conducted in several ways and formats and includes:

- Annual Professional Development Reviews
- Advise encourage and facilitate with regard to professional development opportunities
- Notification of Intention to Practise
- Inspection of Records, Equipment and Premises
- One to One contact (structured and unstructured)
- Clinical Incident Debriefing

6.2 There is an open channel of communication at all times between Midwives, Supervisors, Link Supervisor & the LSA Midwifery Officer. The Supervisors meet on a monthly basis as a group to address various issues in relation to midwifery practice and education, with sub-groups convened between meetings as required to progress specific projects. There is also an Annual Supervisory Development Day, which was held in November of 2005, at which Supervisors considered both national and local issues and themes in relation to midwifery practice. The aims and objectives of the day were:

- To receive an update on National and Local Policy, contextualising relevance to Supervision
- To be updated on NMC Fitness to Practice & Legislative Issues
- To both participate and update personal awareness of the findings and recommendations of the Confidential Enquiry into Maternal and Child Health (CEMACH) "Why Mothers Die" 2000-2002, with particular reference to Midwifery Supervision
- To formulate an Action Plan for NHS Lanarkshire in relation to CEMACH

The development day was positively evaluated with many Supervisors commenting that they had improved their knowledge and awareness in relation to the aims of the day, although some did state that the programme was too ambitious to be achieved in a single day.

A programme for the day is attached in Appendix 2.

6.3 The existence of a Practice Development Centre and a Practice Development Midwife within NHS Lanarkshire, ensures that the Maternity Services are able to facilitate on site education that is appropriate for current and future planned care. As expanded practice grows and care provision changes, relevant education and training is available for all Midwives in preparation for their practice. Information is contained within Appendices 3-6 which give an overview of the continuous practice development updates available for midwives in Lanarkshire, including examples of clinical outcome standard statements which have been produced around fetal heart rate monitoring, perineal repair and mobility and positions in labour. Multidisciplinary Seminars are also organised at quarterly intervals, which support updating and reflection on practice. An example is attached in Appendix 7.

6.4 A well established Clinical Community exists within the Maternity Service and the midwives have been very proactive in meeting regularly with their peer group to discuss areas of common interest and to propose developments within the midwifery field. In 2006 the midwives launched a normality in labour project, to enhance awareness among all groups of staff regarding the advantages of mobility in labour and the benefits of non-intervention unless clinically indicated. The campaign is known as Stand and Deliver and has been endorsed by Davina McCall, who is an advocate of mobility and normality in childbirth. (Appendix 8) Early indications are that the enhanced focus in this area has influenced midwifery practice and increased the number of women delivering in alternative positions and also the spontaneous vertex delivery rate. At the time of writing the report we have just been informed that the midwives who developed the project have been shortlisted for the Royal College of Midwives (RCM) Midwifery Awards 2006.

6.5 The Supervisors of Midwives also encourage Midwives to utilise their area of practice and other areas within NHS Lanarkshire as a learning environment. This enables midwives to tailor their Continuing Professional Development (CPD) effectively and timeously, utilising available resources including experienced colleagues and on line training packages such as the K2 fetal heart rate training programme, which can now be accessed both from within the hospital and from home.

6.6 Midwives are provided with a template to enable them to review all aspects of their practice and professional development, and this can be used to form the basis of discussion with their Supervisor of Midwives. (Appendix 9)

6.7 There has been no requirement for any midwife to undergo supervised practice or suspension from practice during the reporting period.

6.8 There is Supervisor of Midwives representation on various groups within NHS Lanarkshire including the Directorate Clinical Effectiveness Group, the Directorate Risk Management Group, MARAC (Multi Agency Risk Assessment Committee) meetings in relation to Domestic Abuse, and the Maternity Services Liaison Committee.

7. SERVICE USER INVOLVEMENT

7.1 NHS Lanarkshire are very fortunate to have Mrs Carol Prentice as a lay representative on our Supervisor of Midwives Forum. Carol is a member of the NMC Midwifery Committee and contributes both as a service user and an informed member of the National committee.

7.2 Mrs Prentice was invited to join us at the Scottish Annual SOM Conference and as the only lay representative present, gave very positive feedback on the event which this year was co-ordinated by NHS Lanarkshire in conjunction with the Royal College of Midwives. (Appendix 10)

7.3 NHS Lanarkshire LSAMO and Link SOM contributed to the production of the Scottish LSA Forum, Statutory Supervision of Midwives in Scotland publication, which was launched in 2006. A decision was taken not to produce a local audit tool to conduct annual audits during the review period, but rather to await the national template. Audits will therefore be conducted in 2006/7 with service user involvement in the process.

7.4 Service users are also involved in both the Maternity Services Liaison Committee and the Maternity Strategy Group and both these groups also have a Supervisor of Midwives representative contributing to the agenda.

8. ENGAGEMENT WITH HIGHER EDUCATION INSTITUTIONS IN RELATION TO MIDWIFERY EDUCATION PROGRAMMES

8.1 Currently two of the NHS Lanarkshire SOM are Lecturers at Bell College (the local educational establishment which deals with pre and post graduate Midwifery Education).

8.2 Prior to reorganisation within the Acute Division, the LSA Midwifery Officer carried the portfolio for pre-registration education and was an active member of the Course Board at Bell College during the reporting period 2005/6.

8.3 Other Supervisors input regularly into course development, delivery and evaluation, acting as visiting lecturers on programmes and/or at Course Committee and Course Boards within Bell College.

8.4 Lanarkshire Supervisors of Midwives also contribute to the Preparation for Supervisors of Midwives module at the College.

8.5 One Supervisor of Midwives is also a part time Practice Education Facilitator (PEF) and carries the remit for mentorship support and maximising learning opportunities for midwives and students.

8.6 Our annual Supervisory Development Day was facilitated by Bell College in November 2005 and in December 2005 we held a joint Midwifery Think Tank event with our midwifery education colleagues.

9. NEW POLICIES RELATED TO THE SUPERVISION OF MIDWIVES

9.1 NHS Lanarkshire have a resource pack which includes a comprehensive suite of policies and other reference materials in relation to the Supervision of Midwives. The resource pack is due for review during 2006, however the review will require to take cognisance of the national guidance document that is now available from the Scottish LSA/Link SOM Forum. Midwifery Supervision Resource Pack contents list included as Appendix 11.

10. DEVELOPING TRENDS AFFECTING MIDWIFERY PRACTICE IN THE LSA

10.1 There are no significant new trends that are impacting on midwifery practice, safety and protection of women, or suitability of the learning environment for pre-registration students.

10.2 There are however two areas of developing trends which are worth noting and which have the potential to impact on midwifery practice. These are in relation to the activity and dependency trend within the Neonatal Unit, and the increase in home birth requests which although small in numbers, in percentage terms are significant in relation to the availability of midwives to cover on call rotas. Both of these areas are being closely monitored.

10.3 Discussion is ongoing at national level around the role of Advanced Neonatal Practitioners and the future role of the Maternity Care Assistant.

10.4 Clinical activity within the unit for the reporting year is as detailed in Table 2 below.

TABLE 2

Total number of deliveries at Wishaw General Hospital April 05-March 06 = 4638	
SVD	63%
Caesarean Section	25%
Assisted Delivery	11%
Homebirth	<1%
Waterbirth	<1%
Perinatal Deaths	40
Maternal Deaths	1 - Ruptured Ectopic Pregnancy arrived as an emergency at a neighbouring hospital

10.5 In February 2006 the Maternity Services in Lanarkshire underwent external review by NHS Quality Improvement Scotland as part of their peer review process of compliance against the National Standards for Maternity Services in Scotland. A very favourable draft report was received in August 2006 and the final report is due in the very near future.

10.6 The Maternity Services in Lanarkshire also achieved Charter Mark for the fourth consecutive time in 2006.

11. COMPLAINTS REGARDING THE DISCHARGE OF THE SUPERVISORY FUNCTION

11.1 The NHS Complaints Procedure is applicable to any complaint received from the public relating to any person or organisation involved in the discharge of the supervisory function.

11.2 There were no formal or informal complaints received in regard to the discharge of the supervisory function during 2005/6.

12. LOCAL SUPERVISING AUTHORITY INVESTIGATIONS

12.1 No investigations have been undertaken by the LSA during the reporting year.

12.2 One midwife who resigned from her post in NHS Lanarkshire during this period was subsequently referred to the NMC in September 2005. The circumstances of the referral were fraudulent alteration of a medical certificate and undertaking secondary employment while on sick leave.

13. CONCLUSION

13.1 NHS Lanarkshire Supervisors of Midwives have been proactive and productive during the reporting period April 2005 to March 2006, and through the use of the supervisory framework have contributed to the organisational Clinical Governance agenda. Many issues have been considered during the year both in relation to local services, national consultation documents, through feedback from the Scottish LSA/Link SOM Forum and from the NMC/LSAMO Strategic Reference Group.

13.2 Through the systematic review of chapters within the CEMACH report 2000-2002, an action plan has been developed to benchmark current practice against the recommendations and to propose actions which require to be addressed on a local basis. This was a significant undertaking and the Supervisors are to be commended for their efforts in this area. (Appendix 12)

13.3 The effective Supervision of Midwives has helped to strengthen, develop and improve midwifery standards, thereby contributing to improved outcomes for women and their babies. Through this mechanism of professional self regulation NHS Lanarkshire has supported the ethos of protection of the public.

TIM DAVISON
Chief Executive
NHS Lanarkshire

Signed

Date 18 September 2006

NOREEN KENT
Local Supervising Authority Midwifery Officer
NHS Lanarkshire

Signed

Date 18 September 2006

Appendix 1

Dear

I am writing to inform you that as a result of the re-distribution of Supervisors of Midwives and Supervisees, I have been appointed your Supervisor. I would be grateful if you could contact me at your earliest convenience so that we can arrange a mutually convenient date and time to undertake your annual PDR.

In the meantime should you wish to contact me you can do so any time when I am on duty, at extension ……., or alternatively any Supervisor of Midwives can be approached by contacting the Unit Co-ordinator on page 017.

I look forward to meeting up with you.

Yours sincerely,

Supervisor of Midwives.

Appendix 2

NHS Lanarkshire Supervisor of Midwives
Annual Development Day
Caird Building, Bell College Hamilton

Friday 18th November 2005

PROGRAMME

09:00hrs	NHS Lanarkshire Overview	Mr Tim Davison (Chief Executive)
09:30hrs	Coffee Break & Informal Discussion Opportunity	
10.00hrs	NMC Fitness to Practice & Legislation Update	Mary Vance (Midwifery Lecturer, SOM, NMC Midwifery Committee, Scottish Alternate)
12:30hrs	Lunch	
13:15hrs	Discussion & comments on NMC Consultation Document - Review of Fitness for Practice at the Point of Registration	
13:45hrs	Confidential Enquiry into Maternal Deaths (CEMACH) - Presentations of Key Issues for Midwives and NHS Lanarkshire (15 mins per group i.e. 2 Chapters)	
15:45hrs	Coffee Break	
16:00hrs	NHS Lanarkshire CEMACH Action Plan	
16:45hrs	Close	

NK/Nov 05

Appendix 3

PRACTICE DEVELOPMENT ACTIVITY

APRIL 2005 – MARCH 2006.

The Following is an overview of all training undertaken through practice development and any project work from the above dates:

1.1 In-House Training

Course title	Attendance numbers
Risk Management/CTG workshop	192
PPH/Maternal resuscitation	30
Neonatal Resuscitation	53
Shoulder Dystocia	43
Patient Controlled Epidural Anaes	38
Perineal repair/trauma	78
Water birth/normality	37
Breastfeeding	24

Clinical Outcome Indicators

- Mobility/Positions in labour
- Standard statement identified and targets set (see Attached)
- Contacted Davina McCall permission given to use picture and quote from celebrity in order to capture attention of all women
- Poster presentation presented at Celebrating Lanarkshire September 2005
- In-house education provided to all especially community midwives with appropriate literature given as water birth antenatal class stopped. Water birth now offered to everyone who is low risk
- Leaflets and posters 'Stand & Deliver' distributed to all health care establishments, community centres, swimming baths & libraries throughout Lanarkshire

- Perineal Repair
- Standard statement identified and targets set (See attached)
- Learning package put together to include best practice guidance
- Funding sought for purchase of materials to allow in-house training for all Lanarkshire midwives
- Perineal repair – a midwives responsibility presented at Celebrating Lanarkshire conference September 2005

- Fetal heart rate surveillance
- Standard Statement identified and targets set (See attached)
- In-house training put in place. Assistance from Consultant obtained
- Guideline for Fetal surveillance reviewed and changed

Maureen McSherry

Practice Development Midwife
September 2006.

Appendix 4

Title: Midwifery

Launch Date: **Review Date:** **Verified by:**

Topic: Fetal Heart Rate Monitoring **Signature of Associate Director of Nursing & Midwifery**

1.2 STANDARD STATEMENT: All midwives within NHS Lanarkshire will be competent in the interpretation of fetal heart rate patterns.

STRUCTURE	PROCESS	OUTCOME	MONITORING MECHANISM
Midwives. National and local evidence-based guidelines on fetal heart rate monitoring and interpretation. Teaching packages/programmes of education. Documentation. Clinical incident reporting forms.	A multidisciplinary evidence based guideline will be developed and implemented. A proforma outlining the rationale for the choice of method of fetal heart rate monitoring will be produced. The education of midwives will be facilitated by practice development midwife obstetric consultant,and unit-co-ordinators. Midwives will accurately document care, treatment and communication in relation to fetal heart rate patterns. Clinical incident reporting will be incorporated into the education package.	Appropriate fetal monitoring is given to women in accordance with individual risk factors. Standardised midwifery interpretation and documentation skills. A reduction in unexpected admissions to the neonatal unit due to misinterpretation of fetal heart rate patterns by midwives. A reduction in stillbirths due to the misinterpretation of fetal heart rate patterns by midwives.	Monitor compliance with the guideline by: • Auditing the maternity proforma • Auditing compliance with the safety action notice on safe fetal heart rate monitoring. Provide in-house fetal monitoring education attendance to management on a monthly basis. Audit number of unexpected admissions to the neonatal unit from the clinical risk database. Audit number of stillbirths from clinical risk database. Record knowledge and skills of midwives through PDR's with Supervisor of Midwives.

Bibliography

Appendix 5

Title: MIDWIFERY Topic: MOBILITY & POSITIONS IN LABOUR
Launch Date: Review Date:

Verified By: Signature of Associate Director of Nursing & Midwifery

STANDARD STATEMENT: ALL MIDWIVES WILL BE PROACTIVE IN ENCOURAGING WOMEN'S MOBILITY AND ADOPT POSITIONS, WHICH AID THE BIRTH PROCESS

Structure	Process	Outcome	Monitoring Mechanism
• Evidence-based research • Parenthood education • Midwives • Equipment – Beds Birthing balls Birthing mats Birth pool	• Develop local guideline • Design information leaflet to be given to all pregnant women and midwives • Incorporate awareness sessions on advantages of mobility, positions and equipment into in-house education programme. • Design posters to be displayed throughout Lanarkshire outlining the benefits to women	• For midwives to promote normal birth and reduce unnecessary caesarean birth .	• Audit maternity database on position of woman at delivery • Audit SVD rate for Lanarkshire

Appendix 6

Title: Midwifery

Topic: Perineal Trauma

Launch Date:

Review Date:

Verified By:

Signature of Associate Director of Nursing & Midwifery

STANDARD STATEMENT: All midwives will have the ability to assess and repair perineal trauma

Structure	Process	Outcome	Monitoring Mechanism
• Midwives. • In-house education sessions. • Teaching Aids. • Teaching package. • Guideline. • Documentation.	• Perineal repair workshops will be incorporated into the in-house education programme. • Perineal repair technique will be standardised in line with evidence-based practice. All midwives will be given the opportunity to learn suturing technique to allow continuity of care. • Staff off-duty will be checked for 'skill-mix' to ensure that trainers will be accessible 24hours a day. • Trainers will be available to teach and supervise midwives in perineal repair on a 24 hour basis.	• To increase the number of midwives with the skills and competency to independently assess and repair perineal trauma. • Women will have continuity of carer with appropriate perineal trauma repaired by her midwife.	• Audit the number of midwives who are competent in perineal repair using evidence based practice. • Audit the number of midwives who undertake perineal repair • Provide in-house perineal training workshop attendance numbers to management on monthly basis. • Audit maternity database to confirm continuity of carer

Appendix 7

ALL STAFF WELCOME

Multidisciplinary Seminar

Normality in Labour

PROGRAMME

14:00hrs	Introduction	Maureen McSherry (Practice Development Midwife)
14:10hrs	Stand and Deliver	Belinda Fleming Angela Duffy Liz Walsh (Midwives)
14:50hrs	Obstetricians View of Normality	Dr Dina McLellan (Consultant Obstetrician)
15.20hrs	Vaginal Monologue	Cheryl Rodgers (Midwife)
15:40hrs	Open Forum	Dr John Grant (Consultant Obstetrician Gynaecologist)
1630hrs	Close	

Wednesday 21st June 2006 1400-1630hrs
Ronald Miller Conference Centre
Wishaw General Hospital

Appendix 8

STAND - and Deliver!

When I was in labour I just wanted to keep moving...
*...**all the time**. I called it my labour dance!*

*That was just my body's way of helping my baby get in the right position to get out. **Lying down in labour is the worst position to be in**; it makes it much harder work for you and your baby.*

*I had Tilly in water which was **amazing**! Plenty of room to move about and it takes **all the weight** off your tummy.*

Good luck everyone!
It's a fantastic journey!!

PROMOTING MOBILITY IN LABOUR

Being mobile during labour:

- Reduces the intensity of labour pain
- Enables baby to move through the birth canal with the help of gravity
- Encourages the baby to get into the best position for delivery
- Promotes regular and efficient contractions resulting in a shorter labour
- Achieves a better outcome for baby

Women and Midwives in partnership promoting normality

Davina McCall supports the midwives of Lanarkshire in their campaign to encourage mobility in labour with the ultimate goal of promoting normality.

Appendix 9

NHS
Lanarkshire

NHS LANARKSHIRE

PROFESSIONAL DEVELOPMENT REVIEW

Dear

Attached you will find a Self Review Form which has been designed to help you to look at your practice. As you are aware, The NMC Midwives rules and standards 2004 states:

> Rule 6 A practising midwife is responsible for providing midwifery care, in accordance with such standards as the Council may specify from time to time, to a woman and baby during the antenatal, intranatal and postnatal periods
>
> Rule 9 A practising midwife shall keep as contemporaneously as is reasonable, continuous and detailed records of observations made, care given and medicine and any form of pain relief administered by her to a woman or baby

The NMC code of professional conduct: standards for conduct, performance and ethics, November 2004 states:

> "As a registered nurse, midwife or specialist community public health nurse you must maintain your professional knowledge and competence"

Standard 6.1 You must keep your knowledge and skills up to date throughout your working life. In particular you should take part regularly in learning activities that develop competence and performance.

The role of the supervisor of midwives is to protect the public by empowering midwives and midwifery students to practise safely and effectively. The NMC Midwives rules and standards 2004 states: -

> Rule 12 Each practising midwife shall have a named supervisor of midwives from among the supervisors of midwives appointed by the local supervising authority covering her main area of practice.

It is hoped that this form will enable you to review all aspects of your practice and professional development, and will form the basis of a discussion with your Supervisor of Midwives

An appointment has been made for you on at If this date or time is inconvenient please contact me to make alternative arrangements.

Yours sincerely

Self-Review Form For Practising Midwives

Name …………………………………………………………………………………………….

Address……………………………………………………………………………………………

Contact Number…………………………………………………………………………………..

Current Post ……………………………………………………………………………………..

Registration (RM) Date …………………………………………………………………………

Renewal Date ……………………………………………………………………….………...

PIN Number…………………………………………………………………….………..

Intention to Practise ……………………………………………………………………………….

Self Review Form to be completed prior to professional development review with your Supervisor of Midwives

Please use this page to record any areas of your practice that you may wish to discuss at your professional development review.

Professional Development

Please list below study days and courses attended since your last professional development review

Date	*Course Title (include number of days)*

Professional Development Review Form Discussion Record

1. *Midwifery Experience*

2. *Midwifery Practice Issues*

3 *Training Issues*

4. *Professional Portfolio*

General Comments

Midwife's Signature ……………………………………..………………………………………

Supervisor's Signature …………………………….…………………………………………….

Date ………………………………………………………………………………………………..

Appendix 10

From: S PRENTICE [prenticesunshine70@btinternet.com]
Sent: 09 June 2006 14:34
To: Kent Noreen (WG) Maternity Services Manager; Forrest, Evelyn (WG) Deputy Service Manager; Bronsky, Yvonne (WG) Service Manager
Subject: Thank you

Importance: High
Hi all,

I just wanted to thank you all for the Conference yesterday. I really enjoyed it and met a lot of new people and also learned some new things too. You all worked really hard and I am sure the feedback will show that it was a great success. I hope you all had a relaxing night after all your efforts.

Thank you again for allowing me to be involved.

Have a great weekend in the sunshine.

Best wishes,

Carol

Appendix 11

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Appendix 12

ACTION PLAN DEVELOPED BY NHS LANARKSHIRE SUPERVISORS OF MIDWIVES FOLLOWING A REVIEW OF THE CONFIDENTIAL ENQUIRY INTO MATERNAL AND CHILD HEALTH "WHY MOTHERS DIE 2000-2002"

1) Midwives caring for women newly arrived in the UK and/or those who are unable to speak English
2) Obesity
3) Drug & Alcohol related deaths

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
The standard of care received by women newly arrived in the UK and/or those who are unable to speak English	a) Help in assessing the needs of the local population for interpreting services and link workers b) Help with the development of strategies to ensure 24-hours-a-day, 7-days-a-week access to interpreting services	Establish local network and develop guidance to ensure effective communication	SOM – Margaret McCreadie Shona Welton (equality & diversity)	Shona Montgomery and Margaret McCreadie September 06	
	c) Ensure that all pregnant women recently arrived in the UK have a full health screen as part of the booking process d) Advise shared midwife/consultant-led care where the woman's medical history is vague or absent, or if there is any index of suspicion that she may be unwell e) Err on the side of caution and investigate further or refer for a medical opinion when women cannot communicate their degree of illness or describe their pain levels f) Act as advocates for women to ensure the appropriate investigations, treatment and care are delivered g) Ensure that care plans reflect the cultural and traditional beliefs of the individual as far as known	Raise awareness of all maternity care staff with regard to their role and responsibilities as detailed in the recommendations **c-k below**	Lyn Clyde Rosemary Murphy October 06		

Obesity Issues	h) Ensure that all women have their height and weight measured and their BMI calculated at booking i) Encourage healthy eating in pregnancy and offer referral to a dietician j) Organise the availability of appropriate equipment that can take the weight of very obese women before delivery k) Advise very obese women with a (BMI of 35 or more) to book for shared care with a consultant and to deliver in a consultant unit	Ensure compliance by audit of documentation completed at booking	Denise, Lyn and new appointee to substance misuse post to review number of midwives who have undertaken GOPR training ?special interest group	November 06	
Drug and alcohol related death issues	Staff providing antenatal care for pregnant women should ask sensitively, but routinely, about all substance use, prescribed and non prescribed, legal and illegal, including tobacco and alcohol	Provide training opportunities for staff Monitor uptake of training	Launch of Substance Misuse Resource Pack	December 06	
	Midwives require opportunities to update their knowledge and skills to identify substance misuse, assess its severity and refer women to specialist services	Ensure compliance with multi-agency Getting our Priorities Right protocol by audit of casenotes		June 2006	

	Pregnant women with significant problem drug and/or alcohol use may have other social problems and their care should reflect this. They should not be managed in isolation but by maternity services that are part of a wider multi-agency network, which should include both addiction and social services	Monitor effectiveness of above actions in improving patient care (Outcome Indicator)	ADAT provide generic training	New appointment December 06	
	Women with problems with substance misuse, and their babies, also require close multidisciplinary follow-up in the postnatal period	Audit compliance by review of case record documentation	?SOM to undertake audit – Does anyone else have an audit tool?		
	Women with problem drug and/or alcohol use have potentially high-risk pregnancies and an obstetrician should supervise their management. However, most of their care can be usually be delivered by midwives	Audit compliance by review of case record documentation	As above. If developing audit tool what would we want to be recovered		

4) Thrombosis & Thromboembolism

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Assessment of risk factors for venous thromboembolism in early pregnancy	All women should undergo a risk assessment in pregnancy – repeated if other problems develop and/or admitted to hospital	Develop an antenatal risk assessment form for pregnant women in line with advice from RCOG guidelines on thromboembolism	Clinical Effectiveness Maternity Sub Group/Dr S Maharaj	June 2006	
	Giving public health advice on travelling/immobility to pregnant women	Review current advice given to women at booking and information which is currently available	Josie Davidson	May 2006	
	Robust 24 hour interpreter services policy	Review and update current policy	Shona Montgomery and Margaret McCreadie	September 2006	

5) Cardiac Disease

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
1) Inadequate pre pregnancy advice counselling	Adequate pre pregnancy advice/counselling	Review information currently given by cardiologists	Clinical Effectiveness Maternity Sub-group Perinatal Midwives, Evelyn Forrest	September 2006	
2) Lack of close monitoring by cardiologist during pregnancy and in postnatal period	Multidisciplinary care by cardiologist/midwife/obstetrician possibly at specialist clinic or by referral pathway	Appraise options for care New specialised cardiac antenatal/postnatal clinic Addition of cardiologist to current Medical Obstetric Clinic	Clinical Effectiveness Maternity Sub	September 2006	
3) Delay in termination of pregnancy	Early access to termination services	Clear referral policy	Dr Lennox Yvonne Bronsky	July 2006	
4) Failure to provide continual monitoring in women at risk	Serial ECG/Echo's throughout pregnancy for women at risk of developing pulmonary hypertension from their congenital heart disease	Review present service and ensure clear referral policy to termination services	Clinical Effectiveness Maternity Sub Group	April 2006	
5) Systolic Hypertension	Raised systolic hypertension should warrant specialist referral	Develop policy/guideline in conjunction with cardiologist	Clinical Effectiveness Maternity Sub Group	April 2006	

6) Chest Pain	Vigilance in relation to chest pain and its possible relation to aortic dissection warrants specialist referral	Provide staff education as part of in-house training	Clinical Effectiveness Maternity Sub Group	April 2006	
7) In-house education, emergency drills	Raise staff awareness of cardiac disease and practice emergency drills	Plan emergency drills	Practice Development		

6) Hypertensive Disease of Pregnancy

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Failure to test urine for proteinuria	• Ensure women have a urine test for proteinuria at all antenatal visits	Conduct retrospective audit of compliance at term across 3 geographically based wards aiming for sample size of 500	J Davidson & M McSherry to develop audit form in conjunction with Clinical Effectiveness		
Failure to recognise importance of various maternal and fetal signs and symptoms in the development of pre eclampsia	• Importance of reduced fetal size estimation as one of the first signs which may pre-date signs of pre-eclampsia • Maternity staff should be aware that in normotensive women with heavy proteinuria, markedly disordered LFT's or haematological test results, alarming rises in blood pressure should be anticipated • There should be early involvement of the consultant obstetrician in suspected or actual cases of pre-eclampsia	Raise awareness among maternity care staff at both risk management awareness sessions, community team meetings and PDC workshops/ multidisciplinary seminars on all of the key issues under this section	J Davidson L Clyde M McSherry	May 2006	

	• Staff should be aware of the importance of comparing electronic blood pressure measurements with those obtained with conventional sphygmomanometers utilising appropriately sized cuffs • Monitoring of fluid input, output and fluid restriction is paramount (Regional Perinatal Guideline). It is essential to consider the necessity for central monitoring in all cases • Pregnant women with a headache of sufficient severity to seek medical advice, or with new epigastric pain should have their blood pressure measured and urine tested for protein as a minimum •Midwives should place particular emphasis on the presence of proteinuria ++ and above and must discuss with the consultant obstetrician •Midwives should also be fully aware of the importance and relevance of symptoms including underlying pathophysiology				

ACTION PLAN DEVELOPED BY NHS LANARKSHIRE SUPERVISORS OF MIDWIVES FOLLOWING A REVIEW OF THE CONFIDENTIAL ENQUIRY INTO MATERNAL AND CHILD HEALTH "WHY MOTHERS DIE 2000-2002"

7) Deaths from Suicide and other Psychiatric Causes

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Lack of formal training	•Local formal training on risk assessment requires to be put in place before screening for serious mental health illness is implemented	Perinatal Mental Health Sessions – check training available for staff	At present awareness sessions available. Formal training being addressed by NES	C. Mackay M. Ross Davie December 06	
Confusing serious physical illness with anxiety related symptoms	• Awareness raising re signs and symptoms of physical illness being mistaken for anxiety/mental health issues potentially delaying life saving treatment	Future audit of compliance with continuous screening for mental illness throughout pregnancy	Community Midwives update "risk factor" check list throughout pregnancy	C. Mackay	
	•Obstetricians and midwives should be aware of the laws and issues that relate to child protection and when and to whom to refer	Basic Child Protection Training and GOPR two day training to be undertaken by all community midwives One day training of midwives Future audit of child protection training and awareness	Ongoing J. Davidson coordinates training	On going	

8) Haemorrhage

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Women who decline blood transfusion	Management plan in casenotes to include: ❖ Booking history documentation indicating objections raised ❖ Placental site identified by ultrasound examination in late pregnancy ❖ Consultant obstetrician and Anaesthetist to be informed when woman admitted ❖ Caesarean section should be performed only if there is a clear medical indication and undertaken by a Consultant Obstetrician ❖ Third stage to be actively managed with Oxytocics	Clinical guideline to be developed to reflect recommendations	Clinical Effectiveness Maternity Group	September 2006	

9) Unclassified Indirect Deaths

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Indirect Deaths	Pregnant women should not be discharged from Accident and Emergency Department without a Senior Obstetric or Midwifery review.	Guideline to be developed and implemented in all A&E departments within NHSL	Clinical Effectiveness Maternity Group	June 2006	

10) Amniotic Fluid Embolism
12) Intensive Care

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Resuscitation	To have protocols in place To have a planned programme of training for midwives	All midwives to have yearly basic Resuscitation training ALSO training for targeted staff – ‘G’ grade and above To introduce the use of a modified MEWS scoring system	PDC Midwife Maureen McSherry and, Risk Manager/ Supervisor Josie Davidson Midwifery Clinical Indicator and Clinical Community Group Sr. Margaret Wilson David Cunningham	June 2006 Ongoing and with all new appointments August 2006	

Communication Emergency Drills	A communication strategy should be developed between midwives, obstetricians and intensive care staff To develop a planned programme of emergency drills	Twice yearly joint meetings with representatives from midwifery, obstetrics and intensive care To devise a programme of emergency drills covering a selection of obstetric emergencies e.g. Severe Haemorrhage, Amniotic Fluid Embolism etc	Service Manger, Supervisor of Midwife, Obstetrician, Intensive Consultant and Intensive Care Nurse Manager Multi Disciplinary team including a SOM Dr D McLellan as Lead Josie Davison	June 2006 January 2007 January 2007 September 2006	

11) Death from Malignancy

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Pre pregnancy Counselling	To have supportive information for women with malignancy	To make contact with Oncology Services to obtain relevant and appropriate information leaflets	SOM/GP/Booking Midwife Named SOM to communicate with Oncology Services to establish resources Information already	 May 2006	 July 2006

Communication	Early communication should be established between GP and Midwife regarding history	GP's to provide a full detailed history to the midwife caring for the woman	available Sr. Shona Montgomery Booking Midwife		May 2006
Multi disciplinary Care	To establish multi disciplinary communication as early as possible after booking	Case discussion re treatment and care		Individual cases	As requested
	To devise a supportive individualised care package for patient and family	To follow supportive care package	All staff involved in women's care	Individual cases	As requested

13) Early Pregnancy Deaths

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
	All pregnant women with abdominal pain admitted to A/E should be reviewed by staff from obs/gynae	Has been actioned through input from midwives and SOM inputting to MINTS project (rolling programme). Abdominal pain guidelines have been issued to A &E dept and EPAS	Actioned E Forrest	N/A	N/A May 2006
	Quick referral of woman by the midwife to the pregnancy referral service	Raise awareness among midwives of the referral process. Insert a directory of contacts into the supervisors' resource pack	For discussion at supervisors' forum Action D Gray	August 2006 June 2006	May 2006
Educational	Awareness of atypical features of ectopic	Guidelines will be issued to	Discuss at	August 2006	

issue	pregnancy Dipstick testing for the presence of HCG in any woman of childbearing age who has unexplained abdominal pain	A&E and EPU Ensure A& E staff are aware of this recommendation. Dipstick testing should be included in guidelines for abdominal pain/ectopic pregnancy.	divisional meeting through link Refer to guidelines group for this recommendation to be included in the protocol Actioned through J Watson E Carlyle		

14) Coincidental Deaths

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Importance of wearing seat belt as a front or back seat passenger	Advise about correct use of seat belts. Contained in patient info leaflet at booking	Actioned			May 2006

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15) Domestic Violence

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Women need to be seen alone at least once Midwives should have access to woman's GP records regarding details of history	Midwife should enquire about domestic abuse routinely in the ante-natal period when the opportunity arises	Importance of recording in case notes that women have been asked about domestic abuse Require to standardise the terminology used to indicate this has been achieved in the woman's case notes. Add "private time" to list of approved abbreviations?	Refer back to Supervisory Forum and the LSA	August 2006	
	Information for women about local sources of help and emergency helplines	Information could be displayed at bottom of the hand held notes and be included in the next print	Supervisory forum/care plan group	August 2006	
Midwives require education regarding domestic violence and child abuse	Ensure that all midwives have undergone an awareness session on domestic abuse	Highlight domestic abuse guidelines/resource pack at PDR	Individual Supervisors		
	Raise awareness of the need for training/updating for Midwives in domestic abuse and questioning techniques		Supervisory Forum	June 2006	
Awareness of child protection issues	Ensure that child protection guidance for Health Professionals working in hospitals is included in supervisory pack		Supervisory Forum	June 2006	June 06

Inter-professional/multi-professional working to assist women with problems and their children	No action required as good referral mechanisms are already in place in relation to social work/psychiatric services/lead nurse		Supervisors/ Individual Midwives		June 06
Need for development of integrated care pathways/algorithms	Require ICP for vulnerable women and their families		Supervisory Forum	August 2006	May 2006
Meeting needs of women with complex social needs	No new action as guidelines for interpreter services exist. These are included in the resource pack and could be added to the ICP				

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16) Genital Tract SEPSIS

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Early recognition of signs and symptoms	All staff should be aware of influencing factors which increase risk	Education and regular updating of all staff	In house education Practice Development		Ongoing
Early intervention	All units should have antibiotic policy	Immediate commencement of antibiotic therapy Continuous updating of guidelines	Medical staff and all midwives Guidelines group		May 2006
Wound Care	All aspects of wound care clarified	Standardised infection control guidelines	Tissue viability nurse/link midwife - M. Wilson In house education/update sessions		Ongoing
Communication	On transfer from hospital – community all relevant information should be recorded on discharge summary including risk factors	Accurate documentation to ensure all relevant information detailed There should be appropriate planning of follow-up visits	All midwives and clerical staff		January 06

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17) Late Deaths (Other *Direct* Deaths)

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Importance of full physical and psychological history at booking appointments	Antenatal records should take ownership of all relevant and appropriate information	Audit and update antenatal records as necessary Provide adequate time and staff at booking clinics	Community midwives/audit group Community midwives/audit group		December 06
Influence of social factors	Availability of equitable access to all aspects of antenatal care	Develop follow up guideline for defaulters at the antenatal clinics	Community midwives – Moira Gray, Anne Nicholas, Michelle Walsh, Margaret McCreadie & Lyn Clyde		June 2006

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18) Anaesthesia

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Misplaced Tracheal Tubes	Dedicated Obstetric Anaesthetic Services	Provision of Staff Training For Anaesthetists in Training	Consultant Anaesthetists and Medical staff	Ongoing	Ongoing
Management of Obstetric Haemorrhage	Multidisciplinary Guidelines Staff Training Risk Assessment	Review guidelines and in house training programme	Midwives Obstetricians Anaesthetists BTS personnel Josie Davison	Ongoing	Ongoing

19) Pathology

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Poor overall quality of autopsies	Dedicated Pathologist with special interest in obstetrics Toxicology and Histology	Ensure dedicated obstetric Pathologist available Raise staff awareness	Medical staff		

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20) Other Direct Deaths

ISSUE	RECOMMENDATION	ACTION	BY WHOM	DATE	DATE COMPLETED
Genital Tract Trauma Bowel Perforation Acute Fatty Liver Disease	Multidisciplinary recognition Multidisciplinary team approach Early referral Medical staff must check women's progress after C/S [Particular emphasis during Holiday Cover, Staff change over]	Women cared for by midwives with specific training	Midwives and Medical staff		Ongoing