



**LOCAL SUPERVISING AUTHORITY
ANNUAL REPORT**

1 APRIL 2005 – 31 MARCH 2006

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FIFE LOCAL SUPERVISING AUTHORITY

ANNUAL REPORT 2005 – 2006

Table of Contents

	Page
1. Introduction.	1
2. Background.	1
3. The Supervision Process in Fife.	2
4. Policies and Guidelines.	5
5. Continuing Professional Development (CPD) for Supervisors and Midwives.	5
6. Midwifery Practice Development.	6
7. Liaison with Higher Education Institutions.	9
8. Supervising the Practice of Midwifery.	9
9. Service Organisation and Statistics.	10
10. Involvement of Service Users.	11
11. Publication of Annual Report.	11
12. Complaints.	11
13. Conclusion.	11

Appendix A: Fife Local Supervising Authority Policies

FIFE NHS BOARD

LOCAL SUPERVISING AUTHORITY ANNUAL REPORT

1 APRIL 2005 – 31 MARCH 2006

1. INTRODUCTION

- 1.1 The booklet containing the rules and standards for midwifery and the statutory supervision of midwives was published by the Nursing and Midwifery Council (NMC) in August 2004. The booklet also provides guidance on the interpretation of those rules and standards.
- 1.2 NMC Rule 16 - Annual Report, required each Local Supervising Authority (LSA) to submit a written report to the NMC by 1 June each year. In February 2006 the NMC Midwifery Committee approved a change to this timescale. NMC Circular 15/2006 dated 12 June 2006 provides guidance for LSA Annual Report submission to the NMC for practice year 1 April 2005 – 31 March 2006 and specifies that LSA Annual Reports should be received by the NMC in electronic format by 30 September each year.
- 1.3 The NMC has a duty to monitor that the LSAs are meeting the required standards. The annual report assists the NMC in this process. It is also an opportunity for the LSA to inform the NMC and the public about activities, key issues, good practice and trends affecting maternity services within the geographical area.
- 1.4 This report from NHS Fife as the Local Supervising Authority for Fife geographical area provides information relating to the period 1 April 2005 – 31 March 2006.

2. BACKGROUND

- 2.1 The Local Supervising Authority Midwifery Officer (LSAMO) for Fife LSA co-ordinates the development of the Annual Report for presentation to the Fife Clinical Governance Committee ensuring that the report includes, as a minimum, all information requested by the NMC.
- 2.2 The NMC, Midwives Rules and Standards specify that each LSA will ensure their report is made available to the public and will include but not necessarily be limited to the following:
 - 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.

2.3 Presentation of the LSA Annual Report to the Fife Clinical Governance Committee also provides an opportunity for the LSAMO to highlight the trends in birth statistics associated with the models of care available to the women of Fife and areas where midwifery practice is developing to meet the needs of service re-design.

3. THE SUPERVISION PROCESS IN FIFE

Local Supervising Authority Midwifery Officer

3.1 The LSAMO during 2005-2006 was Pauline Small. This role was undertaken on a part time basis with the substantive post for the postholder being Interim Director of Nursing, Fife Primary Care Division 1 April 2005 to 30 September 2005 and Head of Nursing, Dunfermline and West Fife Community Health Partnership 1 October 2005 to 31 March 2006.

3.3 NMC Rule 13 – The LSAMO specifies that a LSA shall not appoint a person to the post of LSAMO unless:-

- a. she is a practising midwife; and
- b. she meets the standards of experience and education set by the Council from time to time.

The LSAMO for Fife has met these requirements during the reporting period by stating her Intention to Practise with the NMC and undertaking clinical midwifery practice at Forth Park Hospital.

Supervisors of Midwives

3.3 The current Supervisors of Midwives and their appointment dates are listed below in Table 1. Doreen Brunton is the designated Link Supervisor of Midwives for Fife.

Table 1

Supervisor of Midwives	Appointment Date
Doreen Brunton	1996
Annette Lobo	1996
Linda Kirk	1997
Marian Sellar	1999
Joyce Leggate	1999
Maureen Johnstone	2000
Charmaine Bremner	2000
Catherine Cummings	2002
Lynne Christie	2002
Caroline Hutt	2004
Kathleen Robertson	2005
Jan McArthur	2005
Doreen Brown	2006

- 3.4 There were 218 midwives who stated their Intention to Practise with Fife LSA during the reporting period, this allows for a ratio of 1 Supervisor : 16 midwives. Two additional Supervisors of Midwives were appointed during the reporting period in accordance with NMC Rule 11 – Eligibility for appointment as a Supervisor of Midwives. Achieving the NMC recommended standard of 1 Supervisor : 15 midwives remains a priority. A further recruitment and selection process will take place in September 2006 in an attempt to recruit an additional supervisor.
- 3.5 There have been no resignations or de-selections during the reporting period.
- 3.6 Following appointment as a midwife the Link Supervisor of Midwives discusses allocation to an identified Supervisor of Midwives with the midwife. At this stage any preferences which the midwife has are taken into consideration. Requests for a change of Supervisor are directed to and actioned by the Link Supervisor of Midwives. There have been no such requests during 2005-2006.
- 3.7 All midwives have a named supervisor and there is always a Supervisor available, 24 hours, 7 days a week, via the on-call system. All calls received and actioned by the on-call Supervisors are recorded, audited and any issues addressed.
- 3.8 There is a high clinical presence of Supervisors in clinical areas (antenatal, postnatal, intrapartum care, clinics, community) and some Supervisors rotate between day and night duty which further facilitates access to a supervisor.

LSAMO and Supervisors of Midwives Meetings

- 3.9 The LSAMO meets with the Fife Supervisors of Midwives on a quarterly basis with extra-ordinary meetings being held as required.
- 3.10 During the reporting period a range of issues were considered including the following:
- allocation of midwives to Supervisors;
 - ratio of Supervisors to midwives;
 - appointments to Supervisor of Midwives posts;
 - Notification of Intention to Practise process;
 - Educational issues;
 - Why Mothers' Die: report on confidential enquiries into maternal deaths in the United Kingdom;
 - Domestic Abuse and Child protection issues relating to midwifery practice;
 - allocation of the continuing professional development budgets for Supervisors of Midwives;
 - NHS QIS Maternity Standards Review;
 - NMC Circulars.
- 3.11 These meetings also provide a forum for the LSAMO to provide feedback from both the Scottish LSAMO/Link Supervisor of Midwives Forum and the NMC Strategic Reference Group.

Scottish LSAMO and Link Supervisors of Midwives Forum

- 3.12 Both the LSAMO and the Link Supervisor of Midwives for Fife attended meetings of the Forum on a regular basis.
- 3.13 Issues addressed by the Forum during the reporting period include the following:
- Review of the LSA Model in Scotland;
 - Statutory Supervision of Midwives Guidance for Scotland;
 - Midwives Supply Orders;
 - Planning and evaluation of Supervisor of Midwives Conferences;
 - Royal College of Midwives claim for remuneration in respect of Supervisors.

NMC/LSAMO Liaison

- 3.14 The LSAMO for Fife attended regular meetings of the NMC/LSA Strategic Reference Group throughout the reporting period where a wide range of issues including the following were addressed:
- NMC Audit of LSAs;
 - Review of Pre-registration Midwifery competencies;
 - Maintaining midwifery registration;
 - Overseas applications for midwifery registration;
 - Preparation of Supervisors of Midwives;
 - Analysis of midwives on supervised practice;
 - Homebirth Circular;
 - Guidance on requirements for LSA Annual Reports.
- 3.15 Fife LSAMO was a member of the NMC Audit of Local Supervising Authority Task and Finish Group and also participated in an orientation visit to the NMC in March 2006.
- 3.16 Throughout the reporting period there was effective dialogue between the LSA and various departments at the NMC regarding a range of issues including the following:
- professional advice relating to regulatory matters;
 - NMC Circulars;
 - the Intention to Practise Database;
 - NMC focus groups.

Review of LSA Model in Scotland

- 3.17 During the reporting period the Scottish Executive Health Department initiated a review of the current Model of Supervision in Scotland and recommended that Scotland move towards a Regional LSA Model to ensure achievement of all NMC Rules and Standards by August 2006.
- 3.18 The recruitment and selection process for Regional LSAMOs in Scotland was commenced in January 2006. Following appointment discussions will take place regarding timescale for transfer of responsibility and accountability from the current LSAMO for Fife to the appointed Regional LSAMO.

4. POLICIES AND GUIDELINES

- 4.1 The LSA policies which were in place during the reporting period are attached to this report at Appendix A.
- 4.2 All policies were reviewed in May or March and are due for further review in 2006-2007.
- 4.3 Policy Number 1 regarding Notification of Intention to Practise was fully implemented prior to the specified timescale following a request by the NMC to have all Notification of Intention to Practise forms returned electronically by 25 March 2006. The NMC facilitated the early completion of the process by sending out the relevant forms to all practising midwives at their home address in January 2006.
- 4.4 There have been no suspensions from practise or midwives undertaking a period of supervised practice between 1 April 2005 and 31 March 2006. There have been no midwives referred to the NMC during this period.
- 4.5 Work on developing guidance on the Statutory Supervision of Midwives in Scotland was completed during 2005 by the Scottish LSAMO/Link Supervisor of Midwives Forum. The final document has now been printed and distributed within Fife.

LSA Investigation

- 4.6 Fife LSA was unable to accept the Notification of Intention to Practise form from one midwife during 2005-2006. Following initial clarification of the circumstances relating to this practitioner's registration status with the NMC, Fife LSA was required to formally investigate this case.
- 4.7 This investigation was performed jointly by the LSAMO and the Nursing/Midwifery Manager, Women and Children's Health Directorate, Fife Operating Division.
- 4.8 The outcome resulted in the NMC Register being amended accordingly to reflect the changes in registration status of this practitioner.
- 4.9 There was regular contact with the Midwifery Department, NMC during the handling of this case.

5. CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR SUPERVISORS AND MIDWIVES

- 5.1 NHS Fife allocated £1500 for the continuing professional development of Supervisors of Midwives during the reporting period. This was used to support midwives undertaking the Supervisors of Midwives Module at the University of Dundee and to allow all Supervisors of Midwives to attend the Annual Study Days in Scotland. The sum of £200 was allocated to one Supervisor to contribute to costs for attending the International Confederation of Midwives Conference in Australia during July 2005. There has been no increase in this funding over the previous five years and more could be achieved if there were additional resources.
- 5.2 The continuing professional development of midwives was in accordance with Fife Acute Hospitals Division, Nursing and Midwifery Strategy and individual Personal Development Plans. A training needs analysis is currently being undertaken and midwives are required to have an annual professional development plan meeting with line managers. A wide ranging programme of CPD included the following:

- annual attendance by midwives at cardiograph, adult resuscitation, neonatal resuscitation and obstetric emergency workshops;
- regular fire drills for responding to obstetric and neonatal emergencies;
- clinical governance;
- clinical risk management;
- internal study programmes on domestic abuse and child protection;
- the cleanliness champions programme;
- perineal repair, which has been extended to include third degree repair;
- water birth update;
- better blood transfusion learning packages;
- blood borne viruses;
- leadership and management;
- avoiding pitfalls in clinical decision making;
- being a reflective practitioner;
- PREP and you;
- web access to cardiotocograph training.
- maintaining team cohesiveness;
- smoking cessation in pregnancy.

5.3 A midwife is currently undertaking a Post Graduate Diploma in Counselling through Edinburgh University. This is a four year course of professional training in counselling and it's process in social, cultural and historical contexts. The programme is validated by COSCA and has been supported by funding from the Women and Children's Health Directorate and the Iolanthe Trust.

6. MIDWIFERY PRACTICE DEVELOPMENT

Examination of the Newborn

6.1 Having successfully completed the above, 4 midwives are now competent to perform the examination of the newborn. A further 10 midwives are currently being supervised by paediatric staff while attaining the practical skills necessary to complete the training. As more women choose early transfer home following delivery, the enhanced skills of these midwives contributes to a seamless system of care and facilitates timely discharge home. The programme will continue to be taken up by more midwives in the future.

Advanced Neonatal Practitioner Role

6.2 One midwife has successfully completed training as an Advanced Neonatal Practitioner and an additional 2 staff are currently in training for this role. It is intended that these advanced practitioners will work on the medical staff rota alongside the junior doctors.

UNICEF Baby Friendly Status

6.3 The UNICEF 'Baby Friendly Status' for Breastfeeding has been maintained for another year within the Maternity Service. UNICEF has passed on commendations to the staff for their continued hard work and commitment to implementing 'Best Practice' in the maternity services. The UNICEF audit tool is being used to monitor the service throughout the year.

6.4 Poster campaigns which are both educational and promotional are ongoing.

- 6.5 An interactive CD Rom is at present being compiled for distribution to all antenatal mothers on this natural method of feeding, addressing the reality of breastfeeding for expectant mothers and their families.
- 6.6 Joint training for Midwives and Public Health Nurses has continued throughout the reporting period to ensure both the initiation and continuation of breastfeeding with the Operating Division and Community Health Partnerships working towards achieving both local and national breastfeeding targets.
- 6.7 The use of a nursery nurse in the community to extend and increase the support in breastfeeding has been piloted successfully in one area of social deprivation with a low breastfeeding rate. Extending this support to other areas is now being considered.

Aquanatal Classes

- 6.8 Midwives throughout Fife have undertaken training to run weekly aquanatal classes for women throughout their pregnancy. The benefits of hydrotherapy are conducive to maintaining gentle exercise throughout pregnancy.

Water Birth

- 6.9 The number of women requesting water labour/birth has steadily increased with a corresponding increase in the number of midwives competent to undertake this practice. Midwives continue to share their experience with water birth with colleagues in other areas.

Prescribing

- 6.10 There were 2 midwives who successfully completed the Extended Independent Supplementary Nurse Prescribing Module during the reporting period which now brings the total number of midwife prescribers in Fife to 8.

Complementary Therapies

- 6.11 A pilot project is in progress regarding the use of reflexology, massage and aromatherapy in antenatal care and labour.

Baby Massage

- 6.12 Mothers are currently given individualised teaching for baby massage which allows them to practice the technique at home with their babies.

Granny School

- 6.13 A midwife identified a need for a parenthood class for grandmothers within the current parenthood education programme. Funding was obtained to establish a class during 2004-2005 and this has now been rolled out successfully and continued during 2005-2006.

Scanning

- 6.14 Three scanning rooms have now been established at Forth Park Hospital and the department has achieved accreditation as a training/examining service for the training of midwives/nurses. This training will now be implemented and the associated guidelines are currently being drafted.

Starting Well Project

- 6.15 A midwife has been seconded to work in West Fife on a project to support pregnant teenagers and women living in deprived circumstances. This project will also target women with mental health issues. Funding is being sought to extend this service to pregnant women living throughout Fife.

Smoking Cessation Midwives

- 6.16 Two midwives have been appointed to a 2 year secondment aimed at supporting women and their families to stop smoking in pregnancy. This project forms part of NHS Fife's smoking cessation action plan and is funded from Smoking Cessation monies.

Family Planning

- 6.17 A family planning nurse is now working with the Drug Liaison Midwives to provide sexual health advice and contraceptive advice to substance misusing women in the immediate postpartum period.

Flexible Access to Antenatal Care

- 6.18 A pilot offering antenatal care and parenthood preparation in the evenings and on Saturday mornings has been planned and will be commencing in the near future.

Support for Vulnerable Pregnant Women

- 6.19 The VIP Project designed to support vulnerable women during pregnancy which links health with education and social services has been ongoing during 2005-2006.
- 6.20 A 'Teen Bus' funded by the Jennifer Brown Appeal is now available to assist young mothers with transport to health services ensuring they benefit from the range of services provided.

Research

- 6.21 A midwife is participating in the TELSIS (The Early Labour Study In Scotland) study by gathering and collating data. The aim of the study is to test a decision aid for midwives for diagnosis of active labour in normal term pregnancy. The study is a cluster randomised controlled trial.

Independent or External Reviews of Maternity Services

- 6.22 NHS Quality Improvement Scotland (QIS) are performing a peer review of the Clinical Standards for Maternity Services throughout the NHS in Scotland during 2005 and 2006.

- 6.23 Preparation for visits commenced in 2005. The LSAMO and several Supervisors of Midwives in Fife undertook reviewer training and thereafter participated in visits to other NHS areas.
- 6.24 The Director of Nursing, Fife Operating Division was lead Director for performing the self assessment process and preparing for the NHS QIS Review of Maternity Services in Fife planned for May 2006. At the time of preparing this report, the formal written report on this review is still to be published by NHS:QIS.

7. LIAISON WITH HIGHER EDUCATION INSTITUTIONS

- 7.1 Links are continually developed with Higher Education Institutions. Existing liaison arrangements with the University of Dundee, School of Nursing and Midwifery are as follows:
- Regular liaison with the Lead Midwife for Education (LME);
 - The LSAMO is a member of the Fife and Tayside Education Partnership Committee within the University;
 - The Link Supervisor of Midwives attends the University of Dundee, School of Nursing and Midwifery annually to lecture to pre-registration students on Midwifery Supervision.
- 7.2 There are regular liaison meetings between the LME, LSAMOs and Nursing/Midwifery Managers from Fife and Tayside to discuss education and training issues relating to midwifery practice.
- 7.3 During the reporting period the LSAMO, Supervisors and the LME have prepared joint responses to NMC consultation documents when appropriate.
- 7.4 There has been an increase in requests from the University of Dundee for pre-registration students requesting elective placements to the Midwife Led Unit at Forth Park Hospital.
- 7.5 The Midwife Led Unit has also been host to students on elective placements from other areas of Scotland and also other countries including England, Italy, Holland, Germany and Belgium.

8. SUPERVISING THE PRACTICE OF MIDWIFERY

Responsibility and Sphere of Practice

- 8.1 Supervisors ensure that individual Personal Development Plans and the trends in midwifery continuing professional development meet the standards specified by NMC Rule 6 – Responsibility and Sphere of Practice.

Clinical Risk Management

- 8.2 As part of the overall approach to Risk Management within NHS Fife, there is a strategy for Clinical Risk management in the Women's and Children's Health Directorate. This provides a framework for Clinical Risk as an essential part of the Clinical Governance Agenda, within NHS Fife. Clinical Risk promotes reflective practice whilst reviewing adverse outcomes that can improve midwives practice and clinical care.

- 8.3 There is an established Clinical Event Reporting System in midwifery areas to promote an awareness of risk and encourage reporting as routine practice with a designated midwife responsible for the co-ordination of clinical risk management in the Directorate.
- 8.4 Reporting of adverse clinical incidents is encouraged from all grades of staff and risk management is seen as everyone's responsibility with patient safety being seen as a priority. Clinical incident report forms are in every set of case notes and completed forms are investigated and recommendations for resulting action are made. Feedback is given on an individual basis to midwives as required and to groups of staff at medical/midwifery meetings.
- 8.5 The system has been in use for over 4 years and the rate of reporting during 2005-2006 has continued to increase. This reflects the effect of a 'no blame culture' and the faith staff have in the system for improving the quality of care provided to the women of Fife.
- 8.6 'Near Miss' reporting is included so that potential problems can be identified.

9. SERVICE ORGANISATION AND STATISTICS

Care Delivery

- 9.1 Antenatal care is carried out by community midwives at home and at local GP clinics/health centres. Consultant medium/high risk clinics are provided at Queen Margaret Hospital and Forth Park Hospital. Scanning is provided at both sites. All inpatient hospital care is currently provided at Forth Park Hospital where women have the choice of delivery in the Midwife Led or Obstetric Units. In-patient postnatal care is provided at Forth Park and community teams provide home based care. The intensive care/special care neonatal unit is based at Forth Park Hospital.
- 9.2 Homebirth is also available to women in Fife.

Birth Statistics

- 9.3 Birth statistics for the reporting period compared with those from the previous year are detailed in Table 2.

Table 2: Birth Statistics 1 April 2005 – 31 March 2006

	MLU 2004- 2005	OLW 2004- 2005	TOTAL 2004- 2005	MLU 2005- 2006	OLW 2005- 2006	TOTAL 2005- 2006
Total Births	1312	2009	3321	1383	1957	3340
Born Before Arrival (BBA)	13	16	29	7	15	22
Twins	-	45	45	-	45	45
Triplets	-	1	1	-	1	1
Stillbirths	-	-	11	-	-	21
Perinatal Deaths	-	-	2	-	-	1
Maternal Deaths	-	-	0	-	-	0
Induction of Labour Rate	-	-	23%	-	-	20.1%
Instrumental Delivery Rate	3.16%	8.9%	11.25%	3.8%	10.4%	7.81%
Caesarean Section Rate	2.11%	33.5%	20%	2.24%	33.78%	20.71%

MLU: Midwife Led Unit
OLW: Obstetric Labour Ward

- 9.4 There were 55 Homebirths during the reporting period compared to 50 in 2004-2005. Midwives in Fife were on-call for 75 homebirths. Twelve women were induced post dates and eight were transferred to Forth Park Hospital in labour.

10. INVOLVEMENT OF SERVICE USERS

- 10.1 At present there is no formal system for involving service users in the supervision of midwives.
- 10.2 This has been explored during 2005-2006 and will continue to be addressed during 2006-2007. Further utilisation of existing groups which involve service users, including the Maternity Services Liaison Forum and the Breastfeeding Forum, will be considered as well as new mechanisms to improve service user involvement.

11. PUBLICATION OF ANNUAL REPORT

- 11.1 In previous years the LSA Annual Report has been available to the public on request following presentation to the Fife Clinical Governance Committee.
- 11.2 Further consideration has been given to how access to the report by members of staff and the public can be widened.
- 11.3 Following completion of the Annual Report 2005-2006 the report will be:
- an agenda item for information at a future meeting of Fife NHS Board;
 - added to the public folders;
 - copied to lay members on the Maternity Services Liaison Forum;
 - made available in local libraries and waiting areas of antenatal clinics/GP practices;
- 11.4 The response to wider dissemination of the report will be monitored during 2006-2007.

12. COMPLAINTS

- 12.1 The agreed policy and procedures for handling NHS Complaints is applicable to any complaint received from the public relating to any person or organisation involved in the discharge of the supervisory function.
- 12.2 There were no formal complaints regarding the supervision of midwives during 2005-2006.

13. CONCLUSION

- 13.1 Professional self-regulation has an important contribution to make in supporting the effective implementation of Clinical Governance. This report demonstrates how the LSA and the staff in which it delegated responsibility for the Supervision of Midwives in Fife between 1 April 2005 and 31 March 2006 achieved this. Through the effective supervision of midwives and midwifery practice Fife LSA has supported public protection.

- 13.2 The use of the supervisory framework in Fife has contributed to further improvements in standards of midwifery care and improving outcomes for women using the service.
- 13.3 The LSA has worked towards full achievement of the NMC Midwives Rules and Standards during the reporting period. While writing this report the requirements of NMC Rule 16 and supplementary guidance detailed in NMC Circular 15/2006 have been taken into consideration.
- 13.4 A Regional Model for Supervision will be implemented in the near future with the appointment of a Regional LSAMO. The role of Supervisors of Midwives and midwives will continue to develop to meet the evolving requirements relating to professional regulation and service re-design.
- 13.5 At this time recognition is given to those who have been committed to working with the LSAMO during the reporting period to ensure Fife LSA met the statutory requirements for the supervision of midwives. This includes the valuable professional support given by Doreen Brunton as Link Supervisor of Midwives and also the extensive administrative support provided by Jane Ratcliffe, Personal Secretary to the LSAMO.

GEORGE BRECHIN
 Chief Executive
 NHS Fife

Signed

Date

PAULINE SMALL
 Local Supervising Authority Midwifery Officer
 NSH Fife

Signed

Date

FIFE NHS BOARD
LOCAL SUPERVISING AUTHORITY
POLICY NUMBER 1
NOTIFICATION OF INTENTION TO PRACTISE POLICY

1. Notification of intention to practise forms must be submitted annually to the Local Supervising Authority in accordance with the "Midwives Rules and Standards, 2004, Rule 3 "Notification of Intention to Practise".
2. Forms will be sent out from the NMC to all practising midwives at their home address in February each year.
3. The individual form will be completed by the Registered Midwife and submitted to their Supervisor of Midwives.
4. Details recorded in the form will be checked by the designated Supervisor of Midwives, signed and then forwarded to the Link Supervisor of Midwives by 20 March each year.
5. Photocopies of the form should be retained by the Midwives and the Supervisor of Midwives.
6. The completed Notification of Intention to Practise forms will be forwarded to the Local Supervising Authority Midwifery Officer by 31 March. The LSAMO will compile a list of all midwives wishing to practise within Fife geographical area using the NMC database.
7. The legislation governing intention to practise for Registered Midwives requires that all intention to practise information is forwarded to the NMC by 20 April each year.
8. The Local Supervising Authority Midwifery Officer is informed on the first day of each month with regard to resignations and new starts that have occurred during the month using "Form 1". This ensures Fife NHS Board as Local Supervising Authority keeps an up to date database of the number of Midwives registered and practising within the geographical area.
9. The Local Supervising Authority Midwifery Officer informs the NMC of new staff appointed to midwifery posts and added to the database by the 20th of each month.

REGISTERED MIDWIVES RESIGNED FROM POST

Name	Last Working Day	NMC PIN Number	Expiry Date

INDEPENDENT MIDWIVES

Name	NMC PIN Number	Expiry Date

BANK MIDWIVES

Name	NMC PIN Number	Expiry Date

Date Reviewed: March 2006

Date for Next Review: March 2007

FIFE NHS BOARD
LOCAL SUPERVISING AUTHORITY
POLICY NUMBER 2
APPOINTMENT OF SUPERVISOR OF MIDWIVES POLICY

1. Supervisors of Midwives are appointed by Fife NHS Board as the Local Supervising Authority in accordance with the Midwives Rules and Standards (NMC 2004) Rule 11.
2. The vacancy for a Supervisor of Midwives will be advertised internally.
3. Applications will be assessed by the LSA Midwifery Officer and the Link Supervisor of Midwives, and if required a short list for interviews will be compiled.
4. Thereafter interviews will be held with the panel consisting of the following:
 - Local Supervising Authority Midwifery Officer;
 - Link Supervisor of Midwives for Fife or a Supervisor of Midwives;
 - Division Head of Midwifery; and consideration given to involving a
 - Lay/User Representative.
5. The Local Supervising Authority will notify the Nursing and Midwifery Council of all appointments and resignations.
6. Following appointment the Link Supervisor of Midwives will provide the relevant guidance and act as a mentor during the Supervisor's first year in post.
7. The Link Supervisor of Midwives will provide newly appointed Supervisors of Midwives with the following information that takes account of local circumstances:
 - Nursing and Midwifery Council 'Preparation of Supervisors of Midwives' Pack (2003);
 - Midwifery Supervision in Fife:
 - policies;
 - information leaflet;
 - Midwives : Supervisor allocation;
 - on call rota.

8. The LSA Midwifery Officer will ensure that the successful candidate meets the NMC standard to be eligible for appointment and has completed or undertakes the appropriate course of instruction for Supervisors (as specified by the NMC) prior to commencing full duties as a Supervisor of Midwives in Fife. A period of mentorship will be provided on an individual basis.

Date Reviewed: March 2006

Date for Next Review: March 2007

FIFE NHS BOARD
LOCAL SUPERVISING AUTHORITY
POLICY NUMBER 3

COMMUNICATION WITH MIDWIVES IN AREA OF SUPERVISION

Newly Appointed Midwives

1. Newly appointed midwives will be informed of their Supervisor of Midwives by the Link Supervisor of Midwives on commencing employment.
2. All Supervisors of Midwives will be informed by the Link Supervisor of Midwives when they are allocated a newly appointed midwife.
3. The "Midwifery Supervision in Fife" leaflet will be issued to all newly employed midwives by the Link Supervisor of Midwives with their letter.
4. The Supervisor of Midwives will make contact with the midwife to discuss means of access to herself and other Supervisors.

All Midwives

1. All Supervisors will aim to meet each of their midwives at least once per year in a confidential environment to discuss their personal professional practice and development.
2. All midwives will be given the opportunity to voice their own expectations from supervision when they meet their Supervisor of Midwives.
3. The Link Supervisor of Midwives will issue an updated list of Supervisors of Midwives and the midwives who they currently supervise and distribute this as follows to :
 - The LSA representative;
 - All Supervisors of Midwives – every six months;
 - Appropriate Wards and Departments – every six months.

This will be performed in April and October of each year.

Date Reviewed: MAY 2006

Date for Next Review: MAY 2007

FIFE NHS BOARD
LOCAL SUPERVISING AUTHORITY
POLICY NUMBER 4

PROFESSIONAL DEVELOPMENT

1. Both Supervisors of Midwives and Midwives must be aware and have knowledge of all NMC documents, including the Midwives Rules and standards.
2. Through individual discussion with each midwife the Supervisor will identify the midwife's professional development needs and facilitate ways of meeting these within appropriate agreed timescales.
3. The Supervisor, on receipt of information, regarding Courses, Seminars and relevant documents, must ensure that it is cascaded to the midwives.
4. Supervisors must have up to date knowledge of midwifery practice and professional issues. The Link Supervisor will assess this on an ongoing basis.
5. Midwives are responsible for maintaining up to date records of their professional updating and evidence of this will require to be made available to Supervisors.
6. Each Supervisor will maintain personal records of the dates of meetings signed by both the Supervisor and Midwife.

Date Reviewed: May 2006

Date for Next Review: May 2007

FIFE NHS BOARD
LOCAL SUPERVISING AUTHORITY (LSA)

POLICY No. 5

NMC RULES AND STANDARDS,
RULE 5 - SUSPENSION FROM PRACTICE BY A LOCAL SUPERVISING AUTHORITY

ROLE OF LSA

The LSA has a statutory responsibility and power to suspend a midwife from practice in certain circumstances as specified by the Midwives Rules and Standards, Rule 5.

Subject to the provisions of this rule a local supervising authority may, following an appropriate investigation (which is to include, where appropriate, seeking the views of the midwife concerned), suspend from practice –

- a. a midwife against whom it has reported a case for investigation to the Council, pending the outcome of the Council's investigation; or
- b. a midwife who has been referred to a Practice Committee of the Council, pending the outcome of that referral.

Where it exercises its power to suspend a midwife from practice, a local supervising authority shall –

- a. immediately notify the midwife concerned in writing of the decision to suspend her and the reason for the suspension, and supply her with a copy of the documentation which it intends to submit to the Council in accordance with sub-paragraph (b); and thereafter
- b. immediately report to the Council in writing any such suspension, the reason for that suspension and details of the investigation carried out by the local supervising authority that led to that suspension.

ROLE OF SUPERVISORS OF MIDWIVES

It is the Supervisors of Midwives role to recognise a potential case of professional misconduct or incompetence, to undertake investigations, and to establish whether evidence exists to support the allegations of misconduct or incompetence.

The Supervisors of Midwives are required to investigate instances of:

- a) UNSAFE PRACTICE;
- b) NEGLIGENCE;
- c) OFFENCE;
- d) ILLNESS.

The Supervisors of Midwives are required to take account of Division Disciplinary Policies and Procedures in the conduct of such investigations.

In the conduct of such investigations the Supervisors of Midwives are required to consider the following:

- employment issues;
- issues relating to the **competencies** of the midwife which need to be addressed through further education and training;
- appropriateness of continuing to practice.

In the event of Supervisors of Midwives being notified by management of incidents which have resulted in the suspension of a midwife from duty, they will work jointly to undertake any subsequent investigation, working in an effective, collaborative way with Division management.

The LSAMO will initiate a review of allegations of professional misconduct in conjunction with the Link Supervisor of Midwives and other Supervisors as appropriate.

Supervisors of Midwives will need to consider when a case of professional misconduct exists in relation to the action or omissions of the midwife being investigated. In such circumstances, it is advisable that two Supervisors of Midwives, one of whom should be the Link Supervisor will liaise with the LSA Midwifery Officer to determine whether there is:

- a need for suspension from practice by the LSA until proceedings or investigations have been determined;
- a need for reporting alleged misconduct or incompetence to the NMC.

The Link Supervisor of Midwives in consultation with the appropriate Supervisor of Midwives will make a report with recommendations to the LSA Midwifery Officer.

Supervisors of Midwives or the LSA Midwifery Officer may wish to discuss a particular case with the Professional Officer Midwifery, NMC.

Decision on Suspension from practice and reporting of alleged misconduct or incompetence to the NMC will be communicated verbally and in writing to Supervisors of Midwives in Fife, the Head of Midwifery and the Division Director of Nursing.

The timescales for reporting allegations of misconduct to the LSA and the NMC are defined in the flowchart attached.

Date Reviewed: March 2006

Date for Next Review: March 2007

FIFE NHS BOARD/LOCAL SUPERVISING AUTHORITY (LSA)

POLICY No. 5

CASE OF PROFESSIONAL MISCONDUCT OF MIDWIVES

