NHS Grampian

Local Supervising Authority

Annual Report

April 2006- March 2007

Summary

NHS Grampian has 411 midwives working in hospital and community settings across the area and 36 Supervisors of Midwives are in place.

The key influences for the delivery of Maternity Services in Grampian are the principles contained in A Framework for Maternity Services in Scotland (2001) and the subsequent Expert Group Report on Acute Maternity Services in Scotland (EGAMS 2003). These form a template for maternity care throughout Grampian whilst considering their local application in a range of geographical settings in a mixed urban and rural environment. Practice underpinned by professional best practice statements, clinical guidelines, health reports, national and local perinatal morbidity and mortality statistics, considering both clinical and staff governance as well as public expectation and involvement. The Quality Improvement Scotland (QIS) report received in January 2007 indicated that the service provided to women in Grampian was at a high standard with no major concerns expressed. That NHS Grampian Maternity Strategy is in its final draft and will go the Health Board for approval in April 2007. Together these will generate an Action Plan that Supervisors of Midwives will influence and implement where appropriate.

Midwives are key to the delivery of this care and their practice is supported by robust Supervision of Midwives processes.

- All midwives have a Supervisor of Midwives and audit has demonstrated that the vast majority of midwives value this activity highly and use it effectively by ensuring that their practice is supported and guided.

- In 2006-7 clinical activity has increased statistically but also in the range of expertise midwives provide. New practice is underpinned by education and training and opportunities exist for existing practice to be developed to meet the dynamic nature of maternity care.

- The learning culture remains strong as evidenced by both training and education activity provided by the organisation and via the local Universities. This culture extends from students, to midwives and to the

care team more widely. Collaborate working with the multidisciplinary team is much in evidence.

- The dynamic nature of the Maternity Service and of the Health Service more widely provides challenges and opportunities for both service providers and service users. Supervision of Midwives processes and the Supervisors of Midwives have worked well to support both midwives and women during this change process and continue to do so. More formal public involvement in Supervision of Midwives has proven very difficult to achieve but now that the service changes in Grampian have been decided it is hoped that we will be able to tap into the very active public groups who have expressed interest in maintaining involvement.

- In 2006-07 only one midwife has been subject to supervised practice and a small number of others have been supported to bring elements of practice up to an acceptable standard.

- An action plan outlines issues to be addressed in the next year.

Signed

Mr Richard Carey, Chief Executive NHS Grampian

Miss Joan Milne, LSAMO NHS Grampian

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NHS Grampian

A description of the services in LSA Grampian is provided in Appendix 1

1. Each local supervising authority will ensure their report is made available to the public

NHS Grampian publishes the report on the public web site **www.nhsgrampian.org.** The report also goes to NHS Grampian Clinical Governance Committee for information. This committee included lay representatives.

2. Supervisor of Midwives appointments, resignations and removals

At 1 April 2006 there were 36 Supervisors of Midwives and 411 midwives, 62% of whom worked part time. No independent midwives practised in Grampian during this time.

	Appointed	Resigned	Removed
2002-2003	**7**	**2**	**0**
2003-2004	**1**	**0**	**0**
2004-2005	**2**	**5**	**0**
2005-2006	**5**	**2 career breaks**	**0**
2006-2007	**7**	**0 (2 mat leave)**	**0**

In 2006-7, 6 midwives were selected to participate in and successfully completed the programme run by Napier University, Edinburgh and were appointed to the Supervisor of Midwives (SoM) role. One Supervisor of Midwives joined Grampian from another area and was appointed by the LSA once all parties including the SoM were satisfied that a period of induction has been completed successfully.

Midwife to Supervisor of Midwives ratio varies across the Health Board averages 12 but individual ratios are dependent on geography, the number of hours each SoM works and the hours available within the clinical role to fulfil the SoM functions. The largest ratios are in Aberdeen Maternity Hospital where gradually the new Supervisors of Midwives are building their numbers as they become confident in their practice and midwives choose to move to them from their original SoM.

3. How are midwives provided with continuous access to a Supervisor of Midwives?

On employment all midwives are allocated a SoM until such time as they have sufficient knowledge to choose one for themselves. A free choice may not be possible if a SoM has an existing full cohort of midwives, or if access is problematic for geographical reasons. All midwives have a named SoM but are informed that they can access any SoM for specific advice so they are not restricted to their named SoM for all supervision issues.

Midwives are given written information about the Supervision of Midwives purpose and process and this includes work telephone numbers of all SoMs. They are encouraged to use their named SoM proactively so that predictable problems are addressed before they become real ones thereby reducing the need to access a SoM in an urgent situation. A Supervisor of Midwives is on duty in Aberdeen Maternity Hospital and in Dr Gray's hospital in Elgin on the vast majority of occasions but if not, one can be accessed by bleep by any midwife.

When a SoM in an isolated area is on annual leave she arranges for another SoM to cover her area. This is notified to the Local Supervising Authority Midwifery Officer (LSAMO) so that she can give further assistance if required.

4. How is the practice of midwives supervised?

The first process is to ensure that there is a good spread of SoMs in community and hospital settings and in education. Attempts have also been made to separate Supervision of Midwives from direct line management so that midwives and SoMs do not feel conflict in the supervision relationship. Where that is not possible the Supervisors of Midwives refer to another SoM if there is possible conflict for example if an incident needs reviewed and the SoM needs to respond as a manager.

The second process is to ensure that SoMs themselves remain skilled to undertake the role, that they are communicated with effectively and that they have opportunities to be involved in influencing practice issues. The practice of midwifery therefore is reviewed on a regular basis by the LSAMO and SoMs to ensure that all are aware of the influences on practice, what new evidence is being promoted, what new services are being introduced and whether SoMs themselves need support around the necessary changes. The premise is that if Supervisors of Midwives receive support than that will equip them to support their midwives. In addition SoMs are working alongside midwives all the time so are very familiar with current influences and issues and can address practice issues as part of their everyday work.

In Grampian there are alternate month meetings between the LSAMO and the SoMs where such issues are discussed and necessary training for Supervisors discussed, planned and delivered. SoMs are expected to attend

4 of the 6 meetings per year thus encouraging discussion on a Grampian wide basis and providing networking opportunities and peer support for the Supervisor of Midwives themselves.

SoMs are subject to an annual audit of their performance by the LSA and are expected to complete an anonymous audit of their own performance with the midwives they supervise. This provides evidence of how SoMs are discharging their roles and gives them personal feedback from their midwives.

All midwives have opportunity for an annual review with their Supervisor of Midwives. The SoMs invite midwives to attend for this review and enclose pre meeting preparation documentation designed to encourage midwives to reflect on their practice, to identify any necessary knowledge or skills updating and to consider whether they can recommend any changes in practice in the area where they work. This review also includes a personal discussion on record keeping. Good record keeping is commended and plans are made for any necessary remedial action if the record keeping is not up to standard, to keep this activity as constructive as possible.

Other processes include involvement in setting up and delivery of training programmes which underpin service changes or best practice initiatives. For example, all midwives in Grampian have mandatory training for neonatal resuscitation through the Neonatal Resuscitation Programme run by the Neonatal Unit in Aberdeen Maternity Hospital and subject to biennial assessed accreditation. This is a multidisciplinary accredited programme also delivered to student midwives in year 3. This joint learning approach fosters collaborative working within the maternity team. A number of SoMs are accredited trainers on this programme. Similar activity occurs around emergency care scenarios but this is not accredited in the same way.

To assist discussion around practice issues with midwives the LSA uses the NMC standards of proficiency to be achieved for entry on to the midwifery part of the register (NMC2004). These describe the skills and ability to practise safely and effectively without the need for direct supervision and are therefore used as the springboard from which practice grows. SoMs and midwives have found the Effective Midwifery Practice section particularly useful when discussing how practice needs to be updated and maintained at a safe level.

Midwives are also being targeted for additional training in child protection, domestic abuse, smoking cessation, perinatal mental health and breast feeding. SoMs play a vital part in identifying if learning outcomes have been met and whether theory and practice are congruent.

Supervisors of Midwives are involved in clinical risk management meetings in Aberdeen and Elgin and in ad hoc reviews in the smaller units. Reports of these meetings are distributed widely to maternity staff across Grampian and form a regular part of the SoM meeting agenda. This can lead to work in reviewing guidelines, re enforcing good practice or can lead to training being organised and targeted if this is indicated.

Supervisors of Midwives also provide support for midwives and women in home birth situations. They provide assistance in the preparation for these and planning for any scenarios which may prove challenging to midwives. The number of home birth requests is increasing marginally but besides some concerns about the on call commitment when multiple on call is required in the same locality, this choice has been accommodated. Further increase in numbers may require a different approach to how the service is delivered.

During the year one midwife has been subject to supervised practice and there have been no suspensions from practice. The supervised practice related to a midwife who was reported to the MNC by a couple who had experienced a neonatal death. They alleged that the midwife failed to recognise abnormalities on the cardiotocograph (fetal heart rate tracing) and did not refer for medical assistance. The fetal heart trace tracing was abnormal and the midwife underwent a period of retraining and supervised practice to confirm that her interpretation of tracings and understanding of when to refer were at the required standard. The NMC were kept informed of her progress and in due course decided that they would not take the case to a hearing.

5. Service user involvement in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.

Patient Focus and Public Involvement work is a priority for the Health Board and in the last 2 years the public have been highly engaged in discussing the provision of maternity services in Grampian. Public involvement in Supervision of Midwives has not yet been developed and will be a priority for the Regional LSAMO when appointed. In the meantime Supervisors of Midwives are working to increase the profile of their roles for women in local areas setting the scene for more targeted involvement in monitoring and auditing Supervision in the near future.

6. Engagement with higher education institutions in relation to midwifery education programmes.

At this time 2 of the SoMs are midwifery lecturers at the Robert Gordon University, the local Higher Educational Institute providing pre and post registration education programmes. In addition a third SOM is seconded to RGU developing their skills centre function for student midwives and another within service is a Practice Educator for maternity services in Grampian. The Practice Educator and the LSAMO are part of the curriculum planning group and course management team for undergraduate programmes. The effect of this is the promotion of a dynamic education programme heavily influenced by practice. This is evidenced by the ability to influence programme development to include the accredited programme for neonatal resuscitation, to involve education in participating in in house training for changes in service e.g. hearing screening, nicotine replacement therapy, domestic abuse and

perinatal mental health so that the practice environment is shared and understood.

Another SoM is participating in the Nursing, Midwifery and Professions allies to Health (NMAP) programme which provides education and support for PhD students. This activity allows the SoM to give constructive feedback to SoMs about how their practice as midwives is perceived by women. This is a powerful message to influence how one to one discussions with midwives are structured and reflection on practice is channelled.

7. New Policies related to the Supervision of Midwives

The Statutory Supervision of Midwives in Scotland (2005) document was launched in 2006.

No new Policies were adopted but existing ones on Home Birth and Record keeping were updated.

8. Developing trends affecting midwifery practice in the LSA.

A review of the maternity service in Aberdeenshire CHP has been occurring over the last 2 years as part of the Aberdeenshire Change and Innovation Plan. This Review has been a prolonged exercise with many public events to debate the way ahead. The effect of this on the midwives has been working through uncertainty and through personal and professional conflicts. However the service has been maintained as a safe one for the public through the efforts and flexibility of the midwives involved. Local managers have also supported short term secondments to manage staffing levels throughout the review period.

The outcome of the review will lead to changes in the service later in 2007 when all small units except Peterhead will become Birthing Units whereby women will return to home care soon after the birth of the baby. Peterhead will remain open as a staffed unit on a 24hour basis and may offer facilities to women from Fraserburgh and Banff if their Units are occupied. This service will be subject to evaluation. The table below demonstrates that in all settings the birth rate is rising and this shows no signs of levelling off.

LIVE BIRTHS	**2004**	**2005**	**2006**
ABERDEEN	4172	4184	4416
ELGIN	863	955	970
ABOYNE	59	60	82
BANFF	53	59	65
FRASERBURGH	66	58	74
PETERHEAD	103	114	131
HOME	29	36	44
TOTAL	**5342**	**5466**	**5782**

Aberdeen Maternity Hospital

	2004		2005		2006	
Live Births	**4172**		**4184**		**4416**	
SVD	2328	56.4%	2291	55%	2367	54.7%
Forceps	286	7.2%	314	7.5%	385	8.7%
Ventouse	406	9.8%	374	8.9%	351	7.9%
Elective CS	367	9.2%	412	10.1%	477	10.8%
Other CS	764	18.4%	808	19.3%	891	20.1%
Total CS	1131	27.6%	1220	29.1%	1368	30.4%
Induction of Labour rate		24.8%		27.2%		25.2%
Epidural rate		22.7%		21.2%		19.7%
Midwife Unit births	1162	27.8%	1053	25%	1124	29.2%
Home births	9		12		17	
Twins/Trips	57/0		77/2		96/0	
Still birth	19		23		30	
Neonatal Death	11		12		11	

The above statistics reflect the actual activity in AMH and includes; complex cases including the some planned sections from Orkney and Shetland; preterm births less than 34 weeks gestation from across Grampian; all substance misusers in Grampian, Orkney and Shetland; and excludes the normal births in Aberdeenshire. As Aberdeen is the tertiary referral centre complex cases all deliver there.

Dr Gray's Elgin

	2004		2005		2006	
Births	**954**		**965**		**970**	
SVD	684	71.7%	682	70.6%	708	72.9%
Forceps	45	4.7%	38	3.9%	51	5.2%
Ventouse	89	9.3%	87	9%	67	6.9%
Breech					2	
Elective CS	49	5.1%	72	7.5%	62	6.4%
Other CS	82	8.6%	92	9.5%	80	8.2%
Total CS	131	13.7%	164	17%	142	14.6%
Home births	5		10		14	
Still births	4		1		2	
Neonatal death	1		0		0	

Dr Gray's Elgin is a Consultant Unit who cares for all except babies less then 34 weeks gestation and does not have an epidural service. Women requesting an epidural can opt to give birth in Aberdeen or Inverness and if an epidural is required in labour a referral is made to Inverness which is nearer than Aberdeen. Very complex women are also delivered in Aberdeen.

Home Births

	Aberdeen		Aberdeenshire		Moray		Total	
	Booked	Delivered	Booked	Delivered	Booked	Delivered	Booked	Delivered
2005	26	12	33	14	16	10	75	36
2006	27	17	25	13	22	14	74	44

	Booked	Delivered at home	Antenatal Transfer	In Labour Transfer
2005	75	36	38	1
2006	74	44	24	6

2006 has also seen a large increase in the number of immigrants coming to the area but this is not an area used for asylum seeks at present. However the non English speaking numbers have increased markedly in the last year. NHS Grampian has invested in Language Line service so communication is helped enormously by that but it is a time consuming exercise and most midwives would report that time allocated for this type of care could be doubled. Time to learn of the cultural differences surrounding childbirth has also been necessary.

Midwives involvement with Child Protection is increasing as the number of families with complex health and social needs increases. A number of midwives have been targeted for more in depth training to prepare them for Case Conference reporting and attending difficult multi agency meetings.

A peri natal mental health service has now been established with easy referral pathways agreed.

Good practice in Grampian includes much collaborative working across sectors so that the care of women is as seamless as possible. The care is underpinned by Ante Natal Care in Grampian Guidelines (reviewed 2006) which outlines patterns of care, referral pathways and management guidelines to prevent unnecessary referral. Risk criteria are set out to aid discussion and decision making re care planning. These follow professional guidelines, research evidence and comply with Expert Group for Maternity Services in Scotland recommendations whereby care is delivered as near to home as possible with referral to Obstetric Units only if clinically necessary. Supervisors of Midwives are closely involved in the development of these guidelines.

There are also Labour Ward guidelines to promote consistency in the management of women who develop complications in the perinatal period.

These have also been developed on a multidisciplinary basis and are updated 2 yearly. Midwife Unit Guidelines for AMH are in the process of review.

Multi disciplinary and multi agency working is also evident in the care for women abusing substances. The activity is led by Aberdeen Maternity Hospital services but is inclusive of local services in Aberdeenshire and Moray. Joint training and learning events are held regularly and information shared widely about developments and trends in the service. Supervisors of Midwives have been involved in developing guidelines for care and promoting child protection training and support. Trainers have been established for both child protection and domestic abuse and SoMs encourage midwives to attend sessions and apply their new learning.

There are very close links with Robert Gordon University for curriculum planning, programme management, Exam Board activity and delivery of programme events. As SoMs are embedded in education this fosters a healthy culture for valuing how Supervision of Midwives can influence change and promote women centred care.

In preparation for Baby Friendly activity there has also been a large investment in UNICEF training for midwives and other staff. This will be a main focus of Supervisors of Midwives activity in the next year.

In 2006 NHS Grampian was subject to a Maternity Services review by Quality Improvement Scotland (QIS). The report was a largely positive one and details are on the QIS public web site.

9. Complaints regarding the discharge of the supervisory function

None received.

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

Criteria

- Problems may be identified by the LSAMO, peers, supervisees or others
- The LSAMO is notified and the supervisor is informed formally of the concerns by LSAMO
- An urgent meeting is arranged with the supervisor and an investigation is carried out to confirm or refute the concerns
- Where the concerns are unfounded no further action is taken
- Where there is evidence to substantiate concerns remedial action will be proposed
- The LSAMO will meet with the supervisor to formulate a plan of action and agree a timescale for achievement of objectives

- Support and guidance strategies will be agreed and needs in terms of education, support and mentorship will be met
- The supervisor will remain in post and review of supervisory activity will be reviewed within an agreed timescale
- The LSAMO will keep accurate records throughout
- Where the standard of supervisory activity is unacceptable to the and the LSA the supervisor will be deselected
- The LSAMO will notify the supervisor of this in writing
- The LSAMO will inform the NMC and other supervisors when a midwife ceases to be a supervisor of midwives
- Where the supervisor wishes to appeal against this decision, a request should be made in writing within 14 days of the decision to the LSAMO
- The appeal will be heard by an external LSAMO.

If the complaint was about the LSAMO this would be referred out with Grampian for investigation and the NMC would be involved. However these issues will be clarified when the Regional LSAMO is appointed.

10. Local Supervising Authority investigations undertaken during the year.

One midwife was subject to a period of supervised practice as outlined in section 4 when a member of the public complained to the MNC about the actions of a midwife. No further action was taken by the NMC following the successful completion of this programme. The LSA investigation did reveal that a programme of learning was required both to ensure that the midwife had the required knowledge to practise safely and to confirm that her confidence to practice was at the correct level. Opportunity was also taken to review how CTG training was accessed and delivered more generally resulting in a more structured programme of learning using a variety of methods.

Other activity has involved exploring elements of practice which have come to light through record audit or risk management processes. These have been dealt with jointly with management through provision of additional support from a SoM and mentors if appropriate. However all of these have been minor issues showing as one off incidents, not trends for any individual. However such activity demonstrates the supportive nature of Supervision of Midwives as the midwives have valued the safe environment to explore their practice.

Appendix 1

LSA DESCRIPTION

Management structures in NHS Grampian promote a single system of health care organised around 4 sectors. One of the sectors is Acute and there are 3 x Community Health Partnerships organised around local authority boundaries covering Aberdeen City, Aberdeenshire and Moray. Midwifery is provided in all of these sectors, managed differently in each. A Maternity Services Clinical Management Board acts as a Managed Clinical Network to ensure consistency of practice and provide a governance framework across the 4 sectors. Supervision of Midwifery provides the focus for consistency of practice despite different management structures

LSA Grampian has a mixture of rural and urban settings with the main centres of hospital activity being in Aberdeen and Elgin. There are also 4 small community maternity units in Aboyne, Banff, Fraserburgh and Peterhead, who provide integrated community and hospital care. The small units have been subject to a review which has run for almost 2 years. This review also includes services for Care of the Elderly and Diagnostic and Treatment Services (The Aberdeenshire CHP Change and Innovation Plan). In the near future Aboyne, Banff and Fraserburgh will change their service so that women who give birth there will return home soon afterwards and have their care continued there. There will be no transfer back for inpatient care from Aberdeen and Elgin. The midwives will be available according to the activity demands with a greater reliance for on call for births. Peterhead will remain open on a 24 hour basis, staffed at all times.

Clinical care follows the model of the Maternity Services Framework for Scotland (2001) and the Expert Group for Acute Maternity Services in Scotland (2004) whereby the midwife is the lead professional for women with low risk features. General Practitioners are involved if they desire. All women receive ante natal care as near to home as possible with Consultant outreach for abnormal care. If all is normal, women can opt for delivery in a local setting or in one of the larger units.

Ultrasound services are available in both the large units and in community settings across Grampian. Level 1 and 2 scanning is provided by a multidisciplinary team of midwives and radiographers and Level 3 scanning is provided by Obstetricians in Aberdeen and Elgin. Women are offered 2 routine scans, one at 10-12 weeks and the second at 20 weeks.

Aberdeen Maternity Hospital is the tertiary referral centre for Grampian, Orkney and Shetland and the local maternity hospital for the women in and around Aberdeen. It has a full range of midwifery, Obstetric and Neonatal Services with babies only being transferred out with the area if they require cardiac surgery. On a small number of occasions women having premature babies need to be transferred out with Grampian as the Neonatal Unit is full. The majority of these return undelivered.

There is a midwife led delivery unit in Aberdeen Maternity Hospital adjacent to the Obstetric Labour Ward where normality is promoted. A water birth facility is provided.

Services also include facilities for women experiencing threatened or actual pregnancy loss and a pregnancy assessment area for those experiencing problems which need dealt with urgently but not needing admission to Labour Ward. Both of those services can be accessed directly by midwives.

Dr Gray's Hospital Elgin is a small Consultant unit offering midwife, Obstetric and special neonatal care. Women having very small and premature babies are transferred to Aberdeen unless delivery is imminent and a stabilisation and transfer service operates for such babies who deliver locally or who are ill. There is not a 24 hour epidural service. Other services are similar to what is available in Aberdeen.

Aboyne provides a rural integrated hospital and community maternity unit 40 miles to the west of Aberdeen, where care is midwife led. There are 4 rooms, one with a pool, which accommodate women giving birth locally. There is no antenatal in patient service but home assessment and out patient assessment is performed by the midwives as required. There is no consultant outreach at Aboyne for historical reasons but this is provided to the south of the region in Stonehaven which serves the rural areas adjacent to Tayside.

Banff is situated 45 miles to the north of Aberdeen and 30 miles from Elgin. Women can give birth in all 3 units according to needs and choices. The service is similar to that in Aboyne. Consultant outreach is provided by Elgin.

Fraserburgh is 45 miles to the north east of Aberdeen and has a similar service to Banff. There is more deprivation in this area including more substance misuse problems. Consultant outreach is provided by Aberdeen. Fraserburgh is 20 miles from Peterhead.

Peterhead is 30 miles north east of Aberdeen. The integrated service is similar to the other areas. Consultant outreach is provided by Aberdeen.

In addition to this, Consultant outreach is also provided in Buckie, Forres, Huntly and Keith by Elgin consultants.

Ambulance transport is provided by the Scottish Ambulance Service who have their own standards to follow.

Appendix 2

Action Plan

	Issue	Lead
1.	Explore and develop more local activity around promotion of Supervision of Midwives	**AMH SoM group** **Elgin SoM group** **Aberdeenshire SoM group**
2.	Explore the feasibility to increase public involvement around the monitoring of the Supervisor of Midwives processes	**LSAMO** **NHSG PFPI dept.**
3.	Ensure that Supervisors of Midwives take a lead in the implementation of the NHS Grampian Maternity Strategy and the QIS Action Plan	**LSAMO**
4.	Explore how student midwives can become more involved in the Supervisor of Midwives processes	**LSAMO and Lead Midwife Education**

NHS Grampian

LSA Standards for the Supervision of Midwifery Practice

STANDARD 1 - COMMUNICATION

Supervisors have a responsibility to ensure effective communication exists between them, the midwives they supervise, the Link Supervisor of Midwives, LSA and the service providers at all levels of the organisation. For communication to be successful it has to be collaborative to maintain and improve standards of practice and care and ensure protection of the public.

Criteria

Communication between SOM and the midwife

Supervisors will:

- Ensure each midwife is provided with written information on their Supervisor of Midwives contact details and alternative cover over a 24 hour period. Also included in this will be an information sheet on the purpose of Supervision and the respective roles of the SOM and the Midwife
- Arrange regular meetings with individual midwives, at least once a year, to help them evaluate their practice and identify areas for development
- Ensure that the midwife is aware of the need to contact her SOM when her practice is under scrutiny to initiate support
- Receive and process Intention to Practise Forms to verify that the statutory requirements for practice have been met
- Ensure that midwives understand that they have statutory rules and guidance which they must adhere to
- Ensure that each midwife is aware of and has access to local policies and protocols in her area of practice.

Communication between SOM and Link Supervisor, LSA and NMC

Supervisors will:

- Attend a minimum of 4 LSA meetings annually
- Ensure that they have copies of all relevant documents issued by LSA and NMC
- Participate in the LSA audit examining the standard of Supervision, for the purpose of identifying deficiencies and planning remedial action.

Communication between SOM and service providers

Supervisors will:

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

STANDARD 2 - FITNESS TO PRACTISE

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

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

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

STANDARD 3 - APPOINTMENT OF SUPERVISORS

Selection and appointment of Supervisors of Midwives will fulfil the requirements outlined in Rule 11 of the Midwives rules and standards. The LSA will appoint supervisors using the agreed process as described in the following guidelines.

Criteria

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

Applicants will

- Satisfy the statutory requirement of Rule 11 by having completed an approved course of preparation
- Have peer support for their application
- Submit a Curriculum Vitae

- Demonstrate evidence of continued professional development
- Demonstrate knowledge of local service
- Be interviewed by a panel including an SOM, LSAMO and education representative and member of the public
- Be contacted promptly and offered post interview discussion by a panel member
- Have access to a minimum of 3 months preceptorship by an experienced Supervisor of her own choice

LSAMO will

- The final decision to appoint rests with the LSAMO
- Notify the NMC and other SOMs of the appointment
- Review the appointment via the LSA annual audit.

STANDARD 4 - DE SELECTION OF SUPERVISORS

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

Criteria

- Problems may be identified by the LSAMO, peers, supervisees or others
- The LSAMO is notified and the supervisor is informed formally of the concerns by LSAMO
- An urgent meeting is arranged with the supervisor and an investigation is carried out to confirm or refute the concerns
- Where the concerns are unfounded no further action is taken
- Where there is evidence to substantiate concerns remedial action will be proposed
- The LSAMO will meet with the supervisor to formulate a plan of action and agree a timescale for achievement of objectives
- Support and guidance strategies will be agreed and needs in terms of education, support and mentorship will be met
- The supervisor will remain in post and review of supervisory activity will be reviewed within an agreed timescale
- The LSAMO will keep accurate records throughout
- Where the standard of supervisory activity is unacceptable to the and the LSA the supervisor will be deselected
- The LSAMO will notify the supervisor of this in writing
- The LSAMO will inform the NMC and other supervisors when a midwife ceases to be a supervisor of midwives
- Where the supervisor wishes to appeal against this decision, a request should be made in writing within 14 days of the decision to the LSAMO
- The appeal will be heard by an external LSAMO.

STANDARD 5 - MONITORING PROFESSIONAL PRACTICE

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

Criteria
Supervisors will:

- Be aware of how to verify a midwife's eligibility to practise via NMC web site
- Ensure each midwife is eligible to practise according to the PREP practice and education standards
- Advise each midwife that their records will be reviewed throughout the year and discussed as need be
- Contribute to activities such as risk management, clinical audit and guideline development
- Be given access annually to inspect equipment and premises as required to ensure their suitability for professional purposes.

STANDARD 6 - MEDICINES

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

Criteria
Supervisors will:

- Ensure that each midwife under the supervision has a copy of the UKCC Guidelines for the Administration of Medicines
- Ensure that midwives have access to information re Grampian Medicines Policy, and are conversant with Patient Group Directions and Formulary
- Ensure that midwives have access to and are conversant with information contained in current Hazard Warnings and Health and Safety Bulletins relating to medicines and related equipment
- During monitoring of records ensure that PGD documentation has been signed
- Ensure that each midwife is aware of the need to report drug errors via route appropriate to their place of work.

STANDARD 7 - NOTIFICATION OF INTENTION TO PRACTISE

Supervisors will ensure that returned completed annual notification of Intention to Practise Forms are forwarded to the LSA by 31 March each year for all midwives under their supervision. The LSAMO will ensure that all completed forms are returned to NMC by the date they have stipulated (this may be subject to change). Forms generated from new registrants and employees will be submitted by 2nd week of each month.

Criteria

- Midwives will receive forms directly from NMC on an annual basis and when their Registration is first entered on to the Register

On receipt of completed forms supervisors will

- Check details on individual forms for accuracy
- Verify each midwife's eligibility to practise in accordance with Midwives rules and standards and Prep requirements
- Forward this form to LSAMO
- Forward a letter to those midwives whose forms have not been received by Supervisor by 15 February having checked it has not been forwarded directly to LSAMO
- Notify the LSAMO of any outstanding forms by 1 March.

On receipt of this information the LSAMO will

- Forward a letter to those midwives whose forms have still not been received by 15 April
- Inform the Supervisors of those midwives who have decided to cease practice within NHS Grampian

Supporting Publications

- LSA Grampian Guidelines 2005
- NMC *Midwives rules and standards.* London: NMC (2004)
- NMC Code of professional conduct: standards for conduct, performance and ethics NMC (2004)
- House of Commons (1997) *The Nurses Midwives and Health Visitors Act*