NHS Shetland

Local Supervising Authority
Midwifery Officer Annual Report to
the NMC 2007
Summary

NHS Shetland has 25 midwives working across the community and hospital setting. There are three Supervisors of Midwives (SOMs) in place.


Maternity services in Shetland consist of a Level 1c maternity unit at the Gilbert Bain Hospital in Lerwick and community midwifery services based in community areas across mainland Shetland and the outer islands. Midwives play a key role in the delivery of maternity services and NHS Shetland endorses, and is working towards a midwife–led model of care. The current model of care is supported by three GP practitioners who have a special interest in obstetrics and who provide medical cover for the maternity unit on a 24 hour, seven days a week rota. When GP cover is not available, the service is covered by locum consultant obstetricians. Obstetric services are provided by Grampian Health Board in Aberdeen Maternity Hospital (AMH).
Contents

Summary

Introduction

1. Standard 1: Each LSA will ensure their report is made available to the public
2. Standard 2: Supervisor of Midwives (SOM) appointments, resignations and removals
3. Standard 3: Detail of how midwives are provided with continuous access to a supervisor of midwives
4. Standard 4: Details of how the practice of midwifery is supervised
5. Standard 5: Service User Involvement in monitoring the supervision of midwives and assisting the LSAMO with the annual audits
6. Standard 6: Engagement with higher education institutions in relation to midwifery education programmes
7. Standard 7: Details of any new policy relating to supervision of midwives
8. Standard 8: Evidence of development trends affecting midwifery practice in the local supervising authority
9. Standard 9: Details of the number of complaints regarding the discharge of the supervisory function
10. Standard 10: Reports on all the LSA investigations undertaken during the year.
Introduction

Each Local Supervising Authority (LSA) is required to submit an Annual Report to the Nursing and Midwifery Council (NMC) Midwifery Committee. This report assists the NMC with the process of monitoring standards of midwifery practice as set out in the Nursing and Midwifery Council Midwives Rules and Standards (NMC, 2004). The report is written in a form agreed by the NMC (NMC, 2004) and the information is collated into an annual analysis of UK LSA practice by the NMC. All the reports are available on the NMC website.

The Annual Report provides feedback from the LSA to the NMC Midwifery Committee and the public about midwifery activity, trends in midwifery practice and maternity service provision within that LSA area.

While Scotland has adopted a regional approach to the LSA function an appointment has not yet been made to the North Region. In the interim period, Mrs Helen Wisdom fulfilled the role for LSA Midwifery Officer (LSAMO) until January 2007 and since then, Mrs Helen Bryers; LSAMO NHS Highland has undertaken the LSAMO function for NHS Shetland. It is anticipated that an appointment to the regional post will be made in September 2007.

This report of Shetland NHS Board, as the LSA for the practice of midwifery in Shetland covers the period from 1st April 2006 to 31st March 2007.

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1. **Standard 1: Each LSA will ensure their report is made available to the public**

   A range of methods are used to ensure that the report is available to the public. Firstly, the report is presented to Shetland Health Board and the papers are then published on the Health Board intranet to which all staff and the public have access. The Health Board meetings are attended by the public and the local press and aspects of the report are reported in the local weekly newspaper. In addition, the report is widely circulated across the Board area via Director of Nursing, Lead Midwives, SOMs and Assistant Directors of Nursing. All midwives receive a copy of the report. The report is also available to the Maternity Services Liaison Committee (MSLC).

2. **Standard 2: Supervisor of Midwives (SOM) appointments, resignations and removals**

   Three SOMs are currently in place across NHS Shetland. This model has been in place for several years and ensures that remote community areas and the maternity unit setting have the expertise of a supervisor available.

   Mrs Helen Wisdom resigned as the LSAMO in January 2007. There were no removals of SOMs from practice.
In 2006-7, twenty-five midwives registered their Intention to Practise (ITP). The ratio of SOM to midwife is no more than 1:10.

### Table 1: SOM and SOM/Midwife ratios

<table>
<thead>
<tr>
<th>Name of SOM</th>
<th>Area</th>
<th>Number of midwives supervised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather Stalker (Link SOM)</td>
<td>Community Midwife</td>
<td>Scalloway Health Centre</td>
</tr>
<tr>
<td>Teresa Chivers (SOM)</td>
<td>Senior Clinical Midwife</td>
<td>Maternity Unit</td>
</tr>
<tr>
<td>Mrs Janice Irvine (SOM)</td>
<td>Community Nurse/Midwife</td>
<td>Whalsay Health Centre</td>
</tr>
</tbody>
</table>

### Table 2: Midwife details

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Number of Midwives</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital (all integrated)</td>
<td>10</td>
<td>8.6</td>
</tr>
<tr>
<td>Community</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Integrated (hospital and community)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Single duty midwife</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Nurse/midwife</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Triple duty (nurse/midwife/health visitor)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Bank Midwives</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Staff Development</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

These staffing levels have not changed in recent years. There are no independent midwives currently practising in Shetland.

3. **Standard 3: Detail of how midwives are provided with continuous access to a supervisor of midwives**

Each SOM has both hospital-based and community-based midwives to supervise and the ratio of SOM to midwife is no more than 1:10. All midwives have choice of their SOM. The most common process is for the LSA to invite midwives to indicate their first, second and third choice. Most midwives are allocated their first choice. However, this was not always possible in order to keep the caseloads even for the supervisors. All new start midwives are given choice of SOM. A letter of introduction is sent to the new midwives, and information which gives details of how to contact a supervisor and the services that they provide.

The SOM provides each supervisee with her contact details for informal/ad hoc discussions. Each midwife has an annual formal supervisory review meeting, and a record of this meeting is kept together with sheets documenting any Supervisory support/advice given and a copy of the ITP form in a personal supervisory folder, accessed only by the SOMs.
There is now a 24-hour on call rota for use out-of-hours, when the named supervisor is not available, or in the event of an incident or concern about a practice issue. The rota is kept in maternity unit and in the community midwife bases and all midwives are given a copy of the rota. The midwives are given all three Supervisors' mobile, work and home phone numbers.

4. **Standard 4: Details of how the practice of midwifery is supervised**

4.1 **Annual Monitoring Visits**

Annual monitoring visits provide the LSAMO with the opportunity to meet the SOMs and the midwives in their own areas and ensure that practice is monitored. This also provides an opportunity for SOMs to discuss with the LSAMO any issues or challenges that may have arisen or are anticipated within the coming year. The annual monitoring visit to Shetland took place on the 13th July 2007. The audit tool is attached in Appendix 1. The meetings were well attended and the LSAMO met with the SOMs, the Assistant Director of Nursing (Hospitals), the Director of Nursing and the midwives from the hospital and community settings.

4.2 **Supervisor of Midwife Forums**

The SOMs endeavour to meet monthly; however, given the small numbers (3), annual leave allowance, the remote aspects of their work and the difficulty in providing local cover; this is often fulfilled through telephone updates. Quarterly SOM Forums, with an invitation to all midwives, contribute to regular updating of practice, information on service changes and sharing of best practice.

4.3 **Supervisory Reviews**

All midwives had an annual supervisory review and audit of record keeping and CTG reading is undertaken as part of this process. Supervision Review forms were revised to include information about the PREP requirements and current professional guidelines and also an area for documentation of recent training and self assessment of competencies and practice. From the review, annual objectives or development plans were set. One of the strengths of the revised supervision form is that this process can be monitored over a three year period, and thus the achievement of objectives and professional development can be mapped.

4.4 **Submission of Intention to Practice (ITP)**

All twenty-five midwives registered their ITP to the LSA, signed by their SOM and with the annual audit review completed. Of the twenty-five midwives (25), five (5) practise as double-duty nurse/midwives and three (3) practise as a triple-duty nurse/midwife and Health visitor. Examination of the caseload numbers of each of these midwives confirmed that the numbers of midwifery hours in practice was adequate for NMC requirements.

4.5 **Clinical Governance, Supervised practice and suspension from practice**

There were no cases of suspension from practice in the period of the report. There were no cases of supervised practice.
Audit of record keeping: each midwife brought a set of maternity notes with them to their Annual Review which were audited using a newly introduced Audit tool. This tool will also be used by the SOMs to audit a random selection of notes and feedback will then be given to individual midwives. It is hoped in the future to also encourage self and peer audit.

Clinical risk management systems are in place within the maternity service and as many midwives as possible are encouraged to attend the regular case review meetings. Supervisors are involved in this process and where midwives are involved, or gaps in knowledge identified, the SOM will provide support and develop a updating plan with the individual midwife or review current policies and guidelines if required.

4.6 Homebirths

The SOMs provide support for midwives and women in the homebirth situations. The main challenges to the homebirth service provision are the remoteness of some homes and the provision of the service on islands which do not have a resident midwife. However, the number of homebirths is small; most women are happy to give birth in Shetland in the maternity unit.

4.7 Training and Development

The SOMs have worked with the senior midwife and managers to support the planned running of a suite of skills-maintenance courses on Shetland. These courses, part of the NHS Education for Scotland (NES) Multi-disciplinary Maternity Services Development Programme (SMMDP), include the SCOTTIE Course, (November 2007) Neonatal Resuscitation and Pre-Transport Care Courses, (August 2007) and the ongoing placement of midwives on the Examination of the Newborn Course.

4.8 Support for new SOMs

Two of the three SOMs are relatively new to the role. After a period of senior staff changes, service re-design and changing medical models, it has been challenging for them to re-establish proactive supervision in Shetland. Sick leave and clinical workloads have all impeded the Supervisors task. There is a need to explore ways of using virtual support networks and mentorship for newly appointed SOMs. One way of achieving this will be through the development of a North of Scotland Network and there is an expectation that this will be easier to develop once the North of Scotland LSAMO has been appointed.

4.9 Protected time for SOMs

There is currently no protected time for the SOM role in Shetland. The time is required to plan for meetings, time to attend meeting at regional and national level, peer review, information dissemination, annual ITP and review meetings, support for service re-design and training programmes.

5. Standard 5: Service User Involvement in monitoring the supervision of midwives and assisting the LSAMO with the annual audits

Patient focus and public involvement is a priority for NHS Shetland. There is an active Maternity Services Liaison Committee (MSLC), which has 3 lay members from the Maternity Forum. SOMs are actively involved in both of these groups.
Public involvement is sought through the local press, posters in surgery waiting areas, libraries and other public facilities. All women are given information on the Maternity Forum at the time of booking. For women living on outer isles, involvement in the group can be by email, phone or circulation of minutes to all members. If able to attend travel expenses would be reimbursed. Wider geographical representation of service users is an area which the Forum hopes to address in the future. Parenthood information flyers/invitations are being redesigned to raise the profile of Supervision in Shetland. Supervisors' contact details and role brief are included in the flyer.

While to date, user representatives have not been involved in the annual audit, it is anticipated that through involvement in the above groups, a number of women will express interest in working with the LSAMO on the future annual audit visits.

6  Standard 6: Engagement with higher education institutions in relation to midwifery education programmes

6.1 Supervision of Midwives and student midwives

NHS Shetland works closely with the Robert Gordon's University (RGU) in Aberdeen, the main provider of pre and post registration education for midwifery in the area. The SOMs have contact and work closely with the midwifery educators. In addition, the student midwives have access to the SOMs when they are on placement in Shetland. This helps to make the student aware of the role and function of the SOM in practice and also provides another support system for them. All practice mentors have undertaken a formal mentor preparation programme and attend annual updates. In the period of the report there have been 3 direct entry midwifery students on placement in their first or final community placement.

6.2 Selection of SOM

There have been no new recruitments to midwifery supervision over the time period of the report. The SOMs are actively seeking interested midwives that will pursue the course in the future.

6.3 LSAMO contribution to Midwifery Education and research

The previous LSAMO, Helen Wisdom, is the Practice Educator for NHS Shetland and has a joint post with RGU. The interim LSAMO is a member of the Education Committee of Stirling University, chairs the NHS Highland N&MAHP research group, is a member of the North of Scotland Research Consortium for NMAHP and works collaboratively with the University of Aberdeen and RGU. These all contribute to the profile and influence of supervision of midwives.

6.4 Conference for supervisors of midwives

With the new system of regional LSAMO currently under implementation in Scotland, the regular annual LSA Seminar for SOMs has been postponed until the autumn. It is anticipated that the SOMs will attend and feedback to midwives.
7. **Standard 7: Details of any new policy relating to supervision of midwives**

The SOMs are involved in the benchmarking of National Standards, for example, QIS Best Practice Statements and the development of local action plans to meet any outstanding criteria. They are also involved in updating policies and guidelines, e.g., breastfeeding policy and guidelines for the administration of Anti–D.

8. **Standard 8: Evidence of development trends affecting midwifery practice in the local supervising authority**

<table>
<thead>
<tr>
<th>Shetland LSA</th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of births</td>
<td>170</td>
<td>132</td>
</tr>
<tr>
<td>Number of births in the Maternity Dept.</td>
<td>163</td>
<td>132</td>
</tr>
<tr>
<td>SVD</td>
<td>133</td>
<td>110</td>
</tr>
<tr>
<td>Homebirths</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>BBA (Born Before Arrival at hospital)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total number of births to Shetland mothers in Aberdeen</td>
<td>101</td>
<td>95</td>
</tr>
<tr>
<td>Emergency C/S</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Elective C/S</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Ventouse</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Forceps</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Stillbirth/neonatal deaths in Shetland</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Stillbirth/neonatal deaths in Aberdeen (Shetland Residents)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Air ambulance</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>British Airways midwifery escort</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Fertility outpatients</td>
<td>103</td>
<td>82</td>
</tr>
<tr>
<td>Maternity beds</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total Antenatal visits</td>
<td>2535</td>
<td>1995</td>
</tr>
<tr>
<td>Total Postnatal visits</td>
<td>1139</td>
<td>957</td>
</tr>
</tbody>
</table>

The total number of births in Shetland increased from 132 in 2005/06 to 170 in 2006/07. Air ambulance transfer to AMH remained the same. There was one neonatal death and no maternal deaths in Shetland in the time period of the report. Midwifery escorts to the Scottish mainland can create short term staffing challenges, given that often the escorting midwife has to wait for a scheduled flight to return to the islands. This often means that the midwife is off-island for more than 24 hours.

Level I and II Fertility Services continue to be provided locally by three midwives within their current role. This service is supported by other members of the midwifery team, for example by performing venepuncture.

Parent Education classes have been revised during the year. Weekly sessions are held at the leisure centre in Lerwick, which are open to all women. In addition to this there is local provision in outlying areas in a group or individual sessions as appropriate. Aquanatal sessions are held weekly and training has recently been undertaken by a number of midwives to extend this provision in the forthcoming year.
There were no complaints received during the period.

A system of Clinical Incident reporting is in place within Shetland NHS Board area. This is used to inform LSA representative of any incidents where midwifery practice is involved. There was one critical incident in the reporting period. This was investigated by a SOM and a full review of the case was undertaken. A report was then submitted to the LSA and the Board. Issues relating to practice were raised at the multi-disciplinary case review meeting.

The Maternity Department was re-accredited as Baby Friendly in May 2006. During the period of the report the breast feeding rate for Shetland births was 78.9% at birth and 75.7% at discharge from hospital. Shetland continues to have one of the highest Breast Feeding rates in Scotland.

Collaborative working across the North of Scotland has developed over the last five years and the North of Scotland Maternity Services Framework Group, has a work programme that promotes the sharing of maternity services and midwifery guidelines, and skills maintenance and training with an emphasis on remote and rural maternity care. In addition to this work, for the last year, the LSAMO role has been shared across the North of Scotland NHS Boards. This has provided another tangible area for working together.

Remote and Rural issues remain ever present such as: recruitment of medical staff, skills maintenance, dual role of staff, the need for integration between hospital and community whilst taking in the needs of remote and isolated areas. The development of single duty midwifery on mainland Shetland and the midwifery cover to outer islands remains a challenge.

9. Standard 9: Details of the number of complaints regarding the discharge of the supervisory function

There were no complaints received regarding the discharge of the supervisor function of the LSA or against an SOM

10. Standard 10: Reports on all the LSA investigations undertaken during the year.

There were no LSA investigations.

Conclusion

This report and the reports from the other island boards (Orkney and the Western Isles) show supervisors of midwives have a willingness to work collaboratively across the North of Scotland in order to establish a robust network that will enhance the statutory supervision of midwives. Already, as the reports indicate, the sharing of the on-call SOM rota across the island boards has begun and the senior midwives from each island board have visited and video-linked to each other.

The North of Scotland region in general and NHS Shetland in particular looks forward to the successful recruitment of the regional LSAMO in the near future in order to take this collaborative process forward.
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Inverness.  
E-mail: Helen.bryers@haht.scot.nhs.uk

17th August 2007

References

Scottish Executive Health Department, (2001), A Framework for Maternity Services in Scotland, Edinburgh, SEHD