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

The Orkney Islands lie off the north-east coast of Scotland, between John O'Groats and the Shetland Isles. Orkney is an archipelago of over 70 islands, 17 of which are inhabited. The total population of Orkney is just under 20,000 with most people living on Mainland, the main island. Kirkwall, the capital, with a population of 7,500, is the administrative centre of Orkney with a good mix of shops, supermarkets and small local businesses. The smaller town of Stromness, with a population of 2,500 is situated to the West of the Mainland. Further information about the islands and NHS Orkney can be found at http://www.ohb.scot.nhs.uk

Maternity services in Orkney consist of a Level 1c maternity unit at the Balfour Hospital in Kirkwall and community midwifery services based in community areas across mainland Orkney and the outer islands. Midwives play a key role in the delivery of maternity services and NHS Orkney endorses, and is working towards a midwife–led model of care. NHS Orkney has 14 midwives working across the community and hospital setting. There are two SOMs in place.

NHS Orkney maternity services provision is influenced by the A Framework for Maternity Services (SEHD 2001) and the subsequent Expert Group on Maternity Services in Scotland Report (EGAMS, 2003). The current model of care is supported by five 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. Consultant surgeons and anaesthetists support is also available for caesarean sections or for emergency care as needed. There is a visiting consultant obstetric service. The main referral unit is Aberdeen Maternity Hospital (AMH) in NHS Grampian.
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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 Bryers, LSAMO NHS Highland has undertaken the LSAMO function for NHS Orkney since August 2006. It is anticipated that an appointment to the regional post will be made in September 2007.

This report of Orkney NHS Board, as the LSA for the practice of midwifery in Orkney 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 Orkney Health Board and the papers 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 interim Director of AHP & Nursing, Lead Midwives, SOMs. 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**

   Two SOMs are currently in place across NHS Orkney. There were three SOMs until the resignation of Mrs Sheena Leith in April of this year. This was for personal reasons. There were no removals of SOMs from practice.

   In 2006-7, fourteen midwives registered their Intention to Practice (ITP). The ratio of SOM to midwife is 1:7.
One double duty nurse/midwife was unable to fulfil PREP practice requirement for midwifery hours and therefore did not return her ITP for this year and she has ceased to practice as a midwife.

This was a difficult decision for her and her SOM and in the process the following areas were considered:

- the pregnancy caseload on the small island was approximately one every two years and as there was no likelihood of the residency of the island changing to any great extent, it was not envisaged that this would change.
- even if a ‘return to practice’ or skills maintenance programme was set up, the limited numbers meant that the challenges would remain
- given the financial implication of backfill and the challenge of finding replacement staff on a regular basis to maintain skills, this was not seen as a viable option

While the midwife and the SOM were disappointed that this decision had to be taken, the issues described above illustrate the challenges of providing midwifery services to remote and island areas.

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>Mrs Michelle Mackie</td>
<td>Balfour Hospital and community</td>
<td>5</td>
</tr>
<tr>
<td>Mrs Morag Linklater</td>
<td>Balfour Hospital and community</td>
<td>9</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>Integrated (hospital and community)</td>
<td>10</td>
<td>8.2</td>
</tr>
<tr>
<td>Nurse/midwife</td>
<td>4</td>
<td>3.8 (nursing &amp; midwifery)</td>
</tr>
</tbody>
</table>

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 1:7. All midwives have choice of their SOM. The most common process is for the LSA to invite midwives to indicate their first and second 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 an information brochure which gives details of how to contact a supervisor and the services that they provide.

The contact details for the SOMs are kept in the maternity unit. 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 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 have access via the Maternity unit to Supervisors’ mobile, work and home phone numbers. Since there are only two SOMs this on-call rota is onerous and not sustainable, as it is at times the case that there is only one SOM on the islands. The Senior Midwife & SOM has recently visited Shetland and one solution is that the SOMs in these neighbouring island groups share the on-call rota.

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 Orkney this year took place on the 14th and 15th August 2007. The LSAMO met with the one SOM (the other was on annual leave) and the Interim Director of Nursing, the GPs with a special interest in obstetrics, and the midwives from the hospital and community settings.

4.2 **Supervisor of Midwife Forums**

The SOMs attempt to have regular forum meetings but because of the small numbers of midwives on the islands this does not always prove to be easy and often contact is more fruitful on a formal or informal one-to-one basis.

4.3 **Supervisory Reviews**

All midwives had an annual supervisory review. In addition, the SOMs make a point of being in contact with the double duty nurse/midwives on a three monthly basis. This is a face-to-face meeting if at all possible. This is in order to maintain good communication and to provide an opportunity to discuss practice, review cases and support for these midwives who are working in isolated areas. These midwives are encouraged to come into the maternity unit on a regular basis to attend meetings and to meet with colleagues as well as maintain skills.

Audit of midwives’ record keeping takes place in an informal manner on a regular basis and is part of peer review and the risk management process.

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

All fourteen midwives registered their ITP to the LSA, signed by their SOM and with the annual audit review completed. Of the fourteen four practice as double-duty nurse/midwives. Examination of the caseload numbers of each of these midwives confirmed that the numbers of midwifery hours in practice was adequate.

4.4.1 **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. One double duty nurse/midwife did not return ITP because of insufficient midwifery hours in her remote island area of practice.
Clinical risk management meetings are held monthly and attended by midwives and the GPs with a special interest in obstetrics. Surgeons have not yet been involved. NHS Orkney has a Clinical Governance and Risk Manager. As many midwives and GPs as possible attend these regular case review meetings. One midwife in the maternity unit has a designated role in risk management and is involved in the development of risk management documentation for the maternity service. This role provides support to the midwifery team. The SOMs are involved in the risk review 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.

The maternity service referral area is NHS Grampian. While the minutes of NHS Grampian Maternity Services Risk Management meetings are available in the Orkney unit, the staff is not involved in the Aberdeen review process. This is an area that could be developed using tele or videolinks. However, there is an opportunity to discuss case reviews of Orkney women, both those who give birth in Aberdeen and Orkney during the Obstetricians regular visit to the islands. An annual review of cases is held: this year in April. This helps with feedback from Aberdeen and any actions that require to be taken as a result of case reviews. As many midwives as possible are encouraged to attend this meeting.

4.5 Homebirths

There are few requests for homebirths: most women are happy to give birth in Orkney in the maternity unit. The SOMs provide support for midwives and women in the homebirth situations. The main challenges to the homebirth service provision are the implications of on-call for such a small team, the remoteness of some homes and the provision of the service on islands which do not have a resident midwife. In addition, the changes to the air ambulance provision in the last year has meant that the local based islander service aircraft can no longer be called upon to transfer urgent cases from outlying islands to mainland Orkney for onwards assessment and transfer in the air ambulance. This results in further delays and the local opinion is that the service is less efficient as a result.

4.6 Training and Development

Following the LSAMO visit in November 2006, the Senior Midwife/SOM has worked with other health board managers and the training officers to provide identified training needs of midwives. These training needs are prioritised within NHS Orkney Training Assessments. These include:

- The onsite provision of the NHS Education for Scotland (NES) Multi-disciplinary Maternity Services Development Programme (SMMDP) SCOTTIE Course. This multidisciplinary course was run successfully in the spring-time – all but two midwives attended the training locally on 14/15 March 07. Those two midwives have since attended an external SCOTTIE course in Glasgow in May 07, so all have completed the course
- SMMDP Neonatal resuscitation & pre-transfer courses are due to be run in Orkney in October 07 – awaiting confirmation of faculty availability to finalise dates.
- SMMDP Scottish Emergency Maternity Care (SEMCC). Orkney is a pilot site for this course. Candidates include maternity auxiliaries, ambulance technicians and nursing staff.
Practical sessions were held on the 29th and 30th August 2007. Local midwives will assist faculty with delivery of the course.

- The provision of the SMMDP Examination of the Newborn is another priority and dates for this course are currently being set.
- The SOMs reported relatively frequent calls during out-of-hours periods. Some of these calls may have related more to service provision and clinical issues. Therefore, it was agreed that there is a need to audit calls in order to identify grey areas and then for update workshops for midwives around statutory supervision of midwives.
- Public Health areas such as Parent Education, UNICEF Baby Friendly update, smoking cessation and domestic abuse, are also being targeted for further training.

4.7 Support for new SOMs

NHS Orkney is currently undertaking a service re-design process. 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 Orkney. Several periods of prolonged sick leave and clinical workload all impeded the development of statutory supervision and the recruitment of new SOMs.

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.

4.8 Protected time for SOMs

There is currently no protected time for the SOM role in Orkney. 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 Orkney. When the LSAMO visited in November 2006, a service users groups, Maternity Services Liaison Committee (MSLC) was in the process of development. Unfortunately, recruitment of lay members has proved to be difficult, despite widespread advertising and campaigning in the local press, posters in public areas such as libraries and shopping area and GP surgeries. Midwives and the Public Involvement Co-ordinator have attended Mother and Toddler Groups to try and identify what mothers want from their maternity service and to explore other ways in which they might be involved. From the feedback, it would appear that women and their families are happy with the service provided and wish to be able to continue the give birth on Orkney. The LSAMO met mothers in the Balfour maternity unit while in Orkney and it is anticipated that over the coming year, work with the public will develop and that by the time of the next annual audit visit, some women will have expressed an interest in participation.
Standard 6: Engagement with higher education institutions in relation to midwifery education programmes

Supervision of Midwives and student midwives

NHS Orkney 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 Orkney. 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, the maternity unit has had four direct entry midwifery students on placement either in their first or final community placement.

In addition, NHS Orkney has hosted with Glasgow Caledonian University, three students from Kosovo as part of an exchange programme.

All midwives mentoring students have completed the Practice Supervisor Course, Robert Gordon’s University Mentor Development Course or equivalent. All these midwives have recently submitted declaration of mentor & declaration of sign off mentor forms and are adhering to NMC Standards to Support Learning & Assessment in practice.

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 this course in the future as part of succession planning.

6.3 LSAMO contribution to Midwifery Education and research

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. In addition, the
NHS Highland SOM Resource Pack will be available for the SOMs in Orkney once it is finalised in October.

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

<table>
<thead>
<tr>
<th>Orkney LSA</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of births in the Maternity Dept.</td>
<td>152</td>
<td>133</td>
</tr>
<tr>
<td>SVD</td>
<td>108</td>
<td>96</td>
</tr>
<tr>
<td>Ventouse</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Forceps</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Elective LUSCS</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Emergency LUSCS</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>Homebirths</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total number of births to Orkney mothers in Aberdeen</td>
<td>66</td>
<td>43</td>
</tr>
</tbody>
</table>

| Total number of births to Orkney mothers | 218 | 176 |
| Stillbirth/neonatal deaths in Orkney | 0 | 0 |
| Air ambulance | 21 | 11 |
| British Airways midwifery escort | 6 from Jan – Sept 07 | Not available |

| Maternity beds | 6 | 6 |
| Total Antenatal visits | 1891 | No figures available |
| Total Postnatal visits | 556 | |

The total number of births to Orkney mothers in 2006 was 218. Of these, 66 (30%) high risk cases delivered in Aberdeen Maternity Hospital. The total number of births in Orkney increased from 133 in 2005/06 to 152 in 2006/07. Of these remaining births in 2006, 71% were normal vaginal births; 1% operative vaginal; 10% elective LUSCS and 15% emergency LUSCS. The number of air ambulance transfers to AMH was higher than the previous year. There were no neonatal deaths or stillbirths and no maternal deaths in Orkney in the time period of the report.

The Air Ambulance provision has changed in the last year. This has meant that the scheduled flights from small islands are no longer able to support the ambulance transfer service and this has resulted in an increase in transfer times in some cases. However, staff are hopeful that the new system is settling down. One of the challenges which this has created is that midwifery escorts to the Scottish mainland 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.

Parent Education classes are held weekly in Kirkwall and Stromness. In remote areas one-to-one sessions are provided by the midwives as required. There are weekly aqua-natal sessions in Kirkwall.
Orkney continues to have one of the highest breast feeding rates in Scotland- 70% of mothers breast feeding at birth. Breast feeding support group every week and baby massages as required. Parent Education classes have been revised during the year. 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.

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 Orkney and the midwifery cover to outer islands remains a challenge. There is an expectation that all remaining double duty posts on the mainland will be converted to single duty as part of the ongoing NHS Orkney service re-design project, ‘Creating Sustainable Services Project’ (CSSP). This group intends to report to Orkney Health Board by mid September 2007.

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 island boards (Shetland and the Western Isles) show that statutory supervision of midwives is central to the delivery of midwifery services within the Board and across the North of Scotland. The LSAMO and Orkney SOMs fulfil an important role in ensuring that the standard of midwifery care to women and their families within NHS Orkney continues to be provided at the high quality and within the standards set by the NMC. Orkney SOMs have shown willingness to respond positively to service change and 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 between Orkney and Shetland has begun.

The North of Scotland region in general and NHS Orkney in particular looks forward to the successful recruitment of the regional LSAMO in the near future in order to take this collaborative process forward.

Helen Bryers  
Interim LSAMO  NHS Orkney  
NHS Highland  
Assynt House  
Beechwood Park  
Inverness  
September 07

Ian Crozier  
Chief Executive  
NHS Orkney  
Balfour Hospital  
Kirkwall
References


Scottish LSA Forum, (2005), Statutory Supervision of Midwives in Scotland