Name of Local Supervising Authority:
Dumfries and Galloway Health Board

Period of report:
2005/2006

Date:
September 2006

1. Supervision of Midwives and Midwifery Practice

1.1 Designated Local Supervising Authority Midwifery Officer:
Mrs Brenda E Thorpe

1.2 Number of Supervisors of Midwives:
Nine

1.3

Names of Supervisors of Midwives	Date of appointment	Number of midwives supervised
Karen King (Link)	1999	16
Kathleen Hamblin	1999	14
Carole McBurnie	1999	11
Frances Wright	1999	12
Joyce Linton	2003	14
Catriona Thomson	2003	13
Margaret Kerr	2003	11
Margaret Watson	2004	15
Karen Green	2004	13
Overall ratio of supervisors to midwives	**1:13.2**	

1.4 Number of supervisors relinquishing role since last report:	**0**
1.5 Number of new supervisors appointed since last report:	**0**
1.6 Number of complaints regarding the discharge of the supervisory function:	**0**
1.7 Number of midwives undergoing supervised practice:	**0**
1.8 Number of local supervising authority investigations:	**0**

1.9 How a midwife accesses a supervisor:

Through a 24 hour on-call rota:

- Directly (copies of the rota are held in all wards and departments)
- Via the switchboard at Dumfries and Galloway Royal Infirmary (also available to the public and student midwives)

All have contact numbers for their named supervisor of midwives.

1.10How practice is supervised:

- In clinical practice by working alongside midwives.
- Through case review.
- Supervision review can include reflection on cases.
- Supervision review linked to professional development plans for midwives.

2. Continuing education and professional development of midwives

2.1 Identifying and meeting continuing education and development needs of individual midwives

Each midwife is offered an annual supervisory review when educational, personal and professional development needs are discussed. Midwives are asked to benchmark their skills against the competencies set by the Nursing and Midwifery Council (2000) and the Expert Group on Acute Maternity Services (EGAMS) Report (SEHD, 2002). The supervisory review is complimented by a separate appraisal system where objectives are set and agreed by the individual midwife and her line manager and are monitored on an annual basis. This will be replaced this year by the national knowledge and skills framework, which will be accessed and stored electronically.

Each midwife has access to a range of "in-house" training sessions on obstetric, adult and neonatal emergencies, child protection, domestic abuse and breastfeeding. There are six generic trainers who deliver locally the Scottish Multi-Disciplinary Maternity Development Programme (SMMDP) modules. There are also opportunities for self directed learning, all midwives have access to local NHS libraries, the Internet and the national e-library.

The integrated midwifery model of care facilitates exposure to all elements of midwifery care and individual midwives develop their practice to meet the needs of their client group, e.g. aquanatal, baby massage, smoking cessation, drug and alcohol misuse.

All NHS Dumfries and Galloway staff are required to attend mandatory training sessions on: cardio pulmonary resuscitation, fire, moving and handling, aggression and violence and infection control.

2.2 Recording and monitoring of continuing education and development needs of individual midwives

Each midwife has a specially designed folder which incorporates Midwifery Appraisal, Self Review and Supervision. The annual supervisory review and appraisal are recorded in this folder and monitored on an annual basis. The appraisal system will be superseded this year by the knowledge and skills framework, which will be monitored annually and recorded and stored electronically. A review is in progress as to how the supervisory reviews will be recorded and subsequently stored.

2.3 Links with Higher Education Institutions

There is a contractual arrangement with Bell College for provision of study sessions pertinent to local need and topical issues. The Policy and Practice Development Midwife liaises with Supervisors of Midwives to identify training needs and gives feedback to the college.

3. Midwifery practice and approaches to care

3.1 Models of care

An integrated team midwifery model of care is in place, supported by core teams of midwives in the consultant led maternity unit, and other health professionals and disciplines comprising the wider maternity care team. The care is predominantly midwife led with an element of shared care and consultant led care for high-risk cases. Risk status is fluid and women can move between categories as pregnancy and/or labour progresses. The midwife led model is based on a belief that pregnancy and birth are normal physiological processes. The focus is on the promotion of normality and psychosocial support with a holistic approach to care. There is also an emphasis on the prevention of morbidity and mortality, through detection of risk factors, appropriate referral and care planning.

The service has developed systems for midwife only care for women considered to be low risk, with intrapartum care provided in Cresswell Maternity Wing, the Community Maternity Unit in Stranraer or at home. Midwives provide shared care for women identified as high risk, the care is planned by the consultant obstetrician and delivery will be planned for the consultant led unit in Dumfries. Where women identified as being at higher risk choose not to transfer to the consultant led unit, the risk will be assessed and managed on an individual basis with the midwife acting as advocate for the woman. The aim is to ensure that women have a range of options available to them.

3.2 Pre-conception

Currently there is no formalised care provision for all women. However, the ante-natal clinic staff in Dumfries provide consultant led clinics for follow up following recurrent miscarriage, stillbirth/neonatal death and termination of pregnancy. These clinics give the

opportunity for counselling and family planning advice. Women will also self refer to team midwives or the clinic on an ad-hoc basis for advice.

3.3 Ante-natal

Team midwives provide all aspects of ante-natal care provision, i.e. screening, counselling following results, care planning, health education (group and one to one), liaison with other agencies to support social and/or special needs, referral to appropriate health professional when deviation from the normal detected. Teams try to ensure ante-natal care is provided as close to the women's home as possible with midwife clinics based in all localities. Team midwives also support consultant led clinics and liaise closely with the core midwives and consultant obstetrician to deliver the care planned by the obstetrician for women considered to be high risk.

The core staff of midwives in the ante-natal clinic in Dumfries provide specialist support and advice for the maternity care team throughout Dumfries and Galloway. The core midwives also run a day care facility and support consultant led specialist clinics which include: termination of pregnancy, diabetic/endocrinology, feto-medicine, early pregnancy problems and diagnostic tests. A multi-disciplinary clinic is also provided in Dumfries to care for women and their partners with drug and alcohol problems. Whilst most specialist clinics are provided centrally in Dumfries, the nature of substance misuse necessitates a multi-disciplinary approach outwith the dedicated clinic. Team midwives will liaise with multi-disciplinary colleagues outwith the clinic setting. Whilst most specialist clinics are provided centrally in Dumfries, the geographical diversity and the nature of drug and alcohol abuse necessitates a multi-disciplinary approach in other centres throughout the region. Team midwives will liaise with multi-disciplinary colleagues out with the clinic setting. In the West of the region the midwives liaise with their multi disciplinary colleagues and regular core group meetings are held when the need is identified, involving all necessary members of this team. Consultant review is carried out at Stranraer, however it is preferable that women attend Cresswell when detailed ultrasound scanning is indicated. Limited scanning facilities are available in Stranraer for those women who do not wish to attend Cresswell.

3.4 Intra-partum

Women are given a choice of place of delivery supported by information on each option to ensure informed decision making takes place. Exit criteria, based on those recommended by the EGAMS Report (SEHD, 2003), are used to identify those women who could "safely" deliver at home or in the Community Maternity Unit. Women's choice is supported regardless of risk status, supervisors of midwives are instrumental in supporting midwives in advocating for women making choices considered to be high risk.

Women defined as "low risk" receive care exclusively from a midwife (unless they request otherwise), either at home, in the Community Maternity Unit in Stranraer or in the Consultant Led unit in Dumfries. The aim is that every woman would be attended by one of their team midwives, this occurs in at least 75% of cases, where their own team midwife is not available women would be cared for by another team midwife or a core midwife. One to one care with a midwife is achieved for the majority of cases with a second midwife present at delivery.

Care for women defined as being "higher risk" is planned by the obstetrician, with care delivery shared with the midwife and obstetrician. Women with identified risk factors are advised to deliver in the consultant led unit and may be cared for by a team or core midwife. Risk is assessed and managed on an individual basis for women defined as "higher risk" who do not wish to deliver in the consultant led unit. Midwives have a responsibility to ensure women are supported in whatever decision they make, they are assisted in this advocacy role by their Supervisor of Midwives.

A small number of cases will require delivery in a tertiary unit, and close links have been established for referral. Care will be shared with the tertiary unit, team midwives and local obstetric team.

3.5 Post natal

Midwives provide immediate postnatal care to all women and babies regardless of type of delivery. In the postnatal period the midwives screen for any deviations from the normal, for mother and baby, and refer to the appropriate health professional. There is close liaison with other agencies to support social and/or special needs. The midwives play a key role in facilitating the transition to parenthood for both partners. Support is given for all aspects of parenting and health education, breastfeeding is promoted and supported in the Units and at home. The majority of postnatal care is provided in the home.

The maternity services adhere to the principles of the UNICEF UK Baby Friendly Initiative for hospital and community. NHS Dumfries and Galloway has a breastfeeding policy in place and regular training and audit takes place to monitor standards. There is a breastfeeding peer support network in place with co-ordinators based in Dumfries and Stranraer, and volunteers covering each locality. Breastfeeding support groups have been established in all localities.

3.6 Neonatal

Care is planned by the consultant paediatric team, care delivery is led by midwife/neonatal nurses. There are three advanced neonatal nurse practitioners (ANNPs) in post with a responsibility for research, resuscitation, stabilisation, and examination of the newborn. A large component of their work is training other members of the multi-disciplinary team. ANNP`s cover the Senior House Officer medical duty rota three days per week.

Newborn Hearing Screening is well established throughout the region. This screen applies to all newborn babies who are residents of Dumfries and Galloway (D&G), even if born outwith D&G Health Board area. Newborn hearing screening is offered to all babies born within first four weeks of life, unless born prematurely or ill.

Midwives/nurses from the neonatal unit support training on neonatal resuscitation, baby massage, examination of the newborn and blood transfusion for the wider multi-disciplinary team. They also are part of the multi-disciplinary team caring for mothers and their partners with substance misuse problems..

3.7 Health education/public health

Health and parenting education is incorporated into care throughout the maternity care episode. In addition team midwives provide specific classes to meet the needs of their client group, these include; traditional parenting classes, breastfeeding workshops,

aquanatal, and baby massage. Classes are provided as close to women's homes as possible and times vary to accommodate client preference.

Midwives incorporate many public health issues into day to day care, e.g. breastfeeding, smoking cessation, and diet. There is specific guidance and/or policy/strategy for the following issues; child protection, domestic abuse and mental health problems (including post natal depression). These topics are developed with the wider maternity care team and midwives have direct referral routes to each of the disciplines involved, e.g. social workers, health visitors, child protection officers, and police officers.

Midwives have established links to community development projects within their localities that aim to improve family health. Midwives work with community initiatives such as Building Healthy Communities and Sure Start to reach vulnerable families, ethnic and other minority groups.

3.8 Risk assessment and management

The care midwives provide is underpinned by structures and processes that support risk assessment and management . These are detailed below.

3.8.1 Communication/information and referral networks

There are direct referral routes from midwives to all professions and disciplines involved in maternity care, sometimes referral is more appropriately made through the GP, obstetrician or paediatrician. The appropriate referral route would be decided on a case by case basis. Communication between professionals takes place either face to face, by telephone, electronically or written in letters or care planning in case records.

Clinical information is documented in the patient hand held maternity record, with the woman's consent, and the hospital obstetric record. Women may not consent to sensitive information being documented in the hand held record, e.g. issues around domestic abuse. In those instances the information is documented separately (usually in the obstetric record) and consideration is given to the relevance of the information to the maternity care team and shared appropriately. Documentation includes care planning, identification of risk factors and progress of pregnancy. All records are stored in compliance with the Data Protection Act.

Patient information is supplied from a variety of sources and covers a comprehensive range of topics. Information is provided through discussion initially, with written materials to enhance discussions. All women are supplied with the Ready, Steady Baby book (NHS Health Scotland) which covers all aspects of health from pre-conception until five years old. Specialist information is given as appropriate, e.g. screening tests, diet, smoking cessation. A steering group has been convened this year to oversee the provision of health promotion and patient information.

Where a woman does not speak English as her first language, staff can access interpreters from a list of hospital practitioners who will translate on a voluntary basis. Alternatively all staff have access to the National Interpreting Service phone help line, where professional interpreters can be contacted for a much wider range of languages. The use of friends and/or relatives is discouraged. Written materials will be accessed where possible, however supplies of written materials for the broad range of languages is limited.

3.8.2 Scottish Birth Record (SBR)

The Scottish Birth Record is a web-based system developed on the NHS Net. It is a record of all Scottish births, including home births and stillbirths. It is led by Information Service Division (ISD) and part of National Services Scotland (NSS).

It is used in Dumfries and Galloway to collect clinical data in real time by clinical staff.

It is intended that the system is CHI based and as from 1st October 2006 this will be implemented across Dumfries and Galloway.

3.8.3 Evidence based guidelines

Comprehensive evidence based guidelines are in place for each aspect of maternity care, these can be accessed in all wards, departments, GP surgeries, and health centres. Currently the ante-natal guidelines are accessible via the intranet, with plans to publish the complete set of guidelines via the intranet when the technical support is available. Guidelines are regularly reviewed and updated by the multi-disciplinary team. A Policy and Practice Development Midwife has responsibility for co-ordinating activity around guideline development and updating.

3.8.4 Clinical Incident Reporting

Clinical incidents are kept to a minimum by effective risk assessment and management and adherence to evidence based guidelines. NHS Dumfries and Galloway operates in a fair and just culture and when incidents do occur midwives, and other practitioners, are encouraged to report them. There are two avenues for review: perinatal incident review for intrauterine death, perinatal death and any other adverse perinatal outcome; and clinical incident reporting for all other clinical incidents. Perinatal review meetings take place when cases for review arise, whilst risk management review meetings are scheduled monthly. Both have multi-disciplinary membership including Supervisor of Midwives. Clinicians involved in the perinatal incidents are invited to attend perinatal incident case reviews. Those involved in clinical incidents are notified of the group findings of review by letter. Anonymous clinical incident review summaries are provided on a six monthly basis and all staff are invited to attend these meetings. Over the last year the Supervisor of Midwives representative on the group has carried out review of three cases. The Clinical Incident Review team has developed the further involvement of the Supervisor of Midwives in Risk Management.

3.8.5 Audit

All midwives are encouraged to participate in personal, local and national audit. Any staff wishing to undertake audit must submit a proposal to NHS Dumfries and Galloway clinical audit department, who have a responsibility for monitoring quality of audit. Audit of supervisory practice is being developed and will include service users in monitoring the supervisory function. With regard to the Scottish Birth Record, documentation, reports and statistics and available via the Project Manager, ISD Scotland.

4. Developing trends in maternity services

The issues for NHS Dumfries and Galloway remain the same as last year, and are documented below. Additionally, assessment by NHS QIS has highlighted areas of clinical standards that are yet to be met

4.1 Recruitment and retention

NHS Dumfries and Galloway continue to work at local and regional level to implement the detail of the national action plan: "Working for Health" the Workforce Development Action Plan for Scotland (Scottish Executive Health Department, August 2002).

The age profile of midwives highlights that a substantial number are in the age range approaching retirement with 40% over 45 years of age and a quarter of the workforce aged over 51 years. These statistics will inform the timing of recruitment strategies for midwifery in NHS Dumfries and Galloway.

To date NHS Dumfries and Galloway has always been able to fill vacant midwifery posts, indeed they have a waiting list of midwives interested in employment. However, for the future it is recognised in remote and rural areas that recruitment and retention will be more successful from the local population. Therefore, the local Higher Education Institution ensures student placements are sensitive to the locality in which the student lives, enabling students with family commitments to be placed closer to their homes. Placements are also accepted from other Higher Education Institutions to accommodate student wishes. In Dumfries and Galloway we endeavour to offer midwives flexibility in terms of shift patterns, type of practice and the opportunity to work on the midwifery bank. The integrated team model of care allows midwives to practise more holistic care and utilise their full range of skills, which we believe would be an attractive option for recruitment to the area. There are plans to develop the role of the "specialist" core midwives to expand their role, e.g. ventouse practitioners, to offer alternative career development.

4.2 Skills maintenance

The problems encountered by health professionals working in remote and rural areas remains a key issue and challenge for NHS Dumfries and Galloway. The low throughput of women in some areas, particularly the Community Maternity Unit, mean midwives are using their skills infrequently. NHS Dumfries and Galloway have responded to this by:

- implementing a model of care that facilitates exposure to all elements of care
- implementing "in house" training and fire drills for emergency situations
- ensuring all midwives have access to guidance that uses the best available evidence
- facilitating placements to update clinical skills

4.3 Community Maternity Units

The community maternity unit continues to function effectively, supported by robust clinical guidelines specific to midwife only care, a clear communication and referral system, effective transport systems, back up medical advice and support for emergency situations provided from the consultant led unit in Dumfries. The additional support of the national neonatal retrieval team can be accessed where appropriate.

4.4 Clinical trends

During last year a midwife carried out internal audit to identify the issues affecting outcomes identified by the "NHS Board Variations in Maternity Care and Outcomes", (SEHD, 2005). The audit report details key recommendations, a subsequent action plan is being developed to address the recommendations.

4.5 Clinical standards

In March 2005, NHS Quality Improvement Scotland (QIS) visited NHS Dumfries and Galloway to undertake a peer review of the Maternity Services benchmarking the services against the QIS Clinical Standards for Maternity Services.

The final report is awaited. Once received an action plan will be developed to address any deficits identified.

5. Midwifery services organisation and management

5.1 Configuration of units

LOCATION Consultant Unit	AVAILABLE BEDS
Birthing Suite	10
Maternity Suite	18
Outpatient Services • Clinic • Day assessment	 6 4 Total rooms = 10
Neonatal Unit • High dependency • Special care • Transitional care	 2 7 2 Total cots = 11
Community Maternity Unit	2

5.2 Annual births

Total births per annum	Number	%
Home births	20	1.4
Births in Consultant Unit	1339	92.0
Births in Community Maternity Unit	80	5.5
Births in transit	16	1.1
Multiple births	15 (twins)	1.0

5.3 Specification of births

	Number	%
Spontaneous vaginal birth	983	**67.6**
Ventouse delivery	67	**4.6**
Forceps delivery	37	**2.5**
Total instrumental delivery	104	**7.1**
Elective caesarean section	135	**9.3**
Emergency caesarean section	243	**16.7**
Total caesarean section	378	**25.9**
Induction of labour	250	**17.2**

5.4 Proposed changes and developments

NHS Dumfries and Galloway will be implementing the use of the national Scottish Woman-Held Maternity Record (SWHMR) in the coming year. The ante-natal care co-ordinator will liaise with QIS Scotland on progress towards the electronic version of the record to ensure NHS Dumfries and Galloway have the capacity to implement the record electronically as soon as it comes on line.

Appoint an Audit midwife to audit service standards and service delivery.

Establish the CHI based patient record system.

6. Action plan

Priorities for Supervision for next year	Timeframe
Identify service users to be involved in developing local guidelines and standards and monitoring of the supervisory function.	October 2005
Review and update local Guidelines and Standards for Supervision.	January 2006
Audit Standards for Supervision locally.	February 2006
Develop the Supervisor of Midwives role in risk management case review.	Ongoing
Continue to monitor service provision, and develop midwifery practice to meet changing needs and ensure sustainability.	Ongoing

References

NHS QIS, 2005. *Clinical Standards, Maternity Services.*

SEHD, 2003. *Implementing A Framework for Maternity Services in Scotland. Overview Report of the Expert Group on Acute Maternity Services.*

SEHD, 2005. *"NHS Boards Variations in Maternity Care and Outcomes".* NHS Scotland Information and Statistics Division.

SEHD, 2002. Working for Health The Workforce Development Action Plan for NHS Scotland.