

SHETLAND NHS BOARD

SHETLAND LOCAL SUPERVISING AUTHORITY MIDWIFERY OFFICER REPORT TO THE NURSING AND MIDWIFERY COUNCIL 2006

Purpose of Paper

The purpose of this paper is to present to the Board a draft report from the Local Supervising Authority Midwifery Officer (LSAMO) for the period 1 April 2005 to 31 March 2006. Once approved this report will be submitted to the Nursing and Midwifery Council (NMC).

Background

Each Local Supervising Authority is required to submit an Annual Report to the Nursing and Midwifery Council. This Annual Report assists the Nursing and Midwifery Council with the process of monitoring the Local Supervising Authority adherence to the standards as set out in the Nursing and Midwifery Council Midwives Rules and Standards (NMC, 2004).

The Annual Report provides a mechanism for the Local Supervising Authority to inform the NMC and the public about its activities, key issues, good practice and trends affecting Maternity Services within its area.

The Midwives Rules and Standards (NMC, 2004) also propose that the NMC will undertake site visits to Local Supervising Authorities in the future. These visits have not yet commenced.

In order to comply with the NMC Midwives Rules and Standards (NMC, 2004) it was proposed to adopt a regional approach to LSA function provision within the NHS in Scotland. Unfortunately, to date, it has not proved possible to recruit to this role for the North of Scotland region. Therefore, a local recruitment process was undertaken to appoint a LSAMO for the Board.

Mrs Helen Wisdom, Practice Educator/Clinical Development Facilitator for the Board, with a background in clinical midwifery and supervision of midwives, was appointed on 1 August 2006 as an interim measure until a regional appointment is made.

Recommendation

The Board is asked to approve this report prior to its onward submission as the Shetland NHS Board Local Supervising Authority Annual Report to the Nursing and Midwifery Council.

SANDRA LAURENSEN
Chief Executive
24 August 2006

SHETLAND NHS BOARD

SHETLAND LOCAL SUPERVISING AUTHORITY MIDWIFERY OFFICER ANNUAL REPORT TO THE NURSING AND MIDWIFERY COUNCIL 2006

Introduction

This report of Shetland NHS Board, as the Local Supervising Authority (LSA) for the practice of Midwifery in Shetland to the Nursing and Midwifery Council (NMC), covers the period 1 April 2005 to 31 March 2006. The report incorporates information derived from the Supervisors of Midwives report for the same time period.

Maternity Services within Shetland NHS Board are midwife-led with support from 3 General Practitioners with a Special Interest in Obstetrics. The Department operates at Level 1c of the levels of maternity provision identified in the Expert Group on Acute Maternity Services (EGAMS) (SEHD, 2002) Report. This model, which has been in place since March 2005, provides medical cover for the department on a 24 hour basis, 7 day a week rota, with each General Practitioner (GP) covering one week in every 3. In the absence of GP cover, arrangements are in place to secure the services of a Consultant Obstetrician on a locum basis.

The Maternity Services locally remain in a period of redesign with the long-term aim being to move towards the provision of a midwife-led unit. In order to support this change in service provision, a training plan to enhance the skills of all staff involved in the provision of Maternity Services is being developed and implemented.

In order to comply with the NMC Midwives Rules and Standards (NMC, 2004) it was proposed to adopt a regional approach to LSA function provision within the NHS in Scotland. Unfortunately, to date, it has not proved possible to recruit to this role for the North of Scotland region. Therefore, a local recruitment process was undertaken to appoint a LSAMO for the Board as an interim measure until a regional appointment is made.

The designated Local Supervising Authority Midwifery Officer for the Board is the Practice Educator/Clinical Development Facilitator. This complies with the Midwives Rules and Standards that came into force on 1 August 2004.

1. Means by which this Report is made available to the Public

This report is presented to the Board and as such is a public document. Following the Board meeting it has been usual for the local media to report aspects of the report's content in the local weekly newspaper, which has a wide circulation throughout Shetland NHS Board area. The report is discussed at the local Maternity Services Liaison Committee and a copy will be distributed to every midwife who has notified her Intention To Practice (ITP) in Shetland.

The report is also available to individuals and groups upon request and can be produced in a variety of different formats to address individual needs. All Board papers are also posted on the Board's Intranet site, which can be accessed by the public as well as by staff.

2. Supervisor of Midwives Appointments, Resignations and Removals

Three Supervisors of Midwives are in place within Shetland NHS Board area:

- Mrs Heather Stalker – Link Supervisor, Community Midwife, Scalloway Health Centre
- Mrs Teresa Chivers – Supervisor, Senior Clinical Midwife, Maternity Department, Gilbert Bain Hospital (appointed November 2005).
- Miss Janice Cash - Supervisor, Community Nurse/Midwife, Whalsay Health Centre (appointed September 2005).

Mrs Helen Wisdom resigned from the role of Supervisor of Midwives in December 2005.

The 3 Supervisors of Midwives model has been in place over a number of years. This enables us to provide expertise in both areas of clinical practice with supervisors coming from a Hospital and Community Nursing background.

No Supervisor of Midwives was removed from Practice during the period of this report.

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

Midwives have the opportunity to choose their Supervisor of Midwives on appointment. They also have the option to change their Supervisor of Midwives upon request at any time.

If a midwife's named supervisor is not available, supervisory advice can be obtained from either of the other 2 Supervisors. A rota system has been introduced to provide access to a Supervisor on a 24 hours basis. This is a recent development and has not yet been formally audited. However, midwives report that this system is helpful and supportive.

4. How the Practice of Midwives is supervised

Midwives notify the Supervisor of Midwives of intention to practice on appointment and thereafter annually. The Supervisor of Midwives, having countersigned the individual intention to practice forms, sends the accurately completed forms to the Local Supervising Authority representative.

The annual uplift confirming notification of intention to practice for Shetland NHS Board area was sent to the NMC on 25 March 2006. A monthly uplift of Intention to Practice notifications was made by the Local Supervising Authority representative to the NMC by 3pm on the 1st of each month.

The total number of midwives notifying their intention to practice in Shetland for 2005-2006 was 24. Apart from the dedicated midwives in the Maternity Department and two Community based midwives the remainder all have double or triple duty roles.

The Supervisor of Midwives to Midwives ratio reflects the local needs and circumstance and is well within the NMC recommended ratio of 1:15.

4.1 Access to Supervision

The Supervisor of Midwives is informed of the appointment of each midwife within her area of supervision when she receives from the midwife her intention to practice notification. The Supervisors

provide support and guidance to midwives in their midwifery practice.

Each Supervisor of Midwives meets each midwife for whom she is the named Supervisor at least once a year. At this meeting the midwife's practice is reviewed and training needs identified. Supervisors of Midwives can demonstrate that these meetings occur as records are maintained of all supervisory activities.

Close working between the LSA representative and the Supervisors of Midwives takes place with regular meetings being held at least quarterly. Direct communication links between the LSA representative and the Supervisors of Midwives are in place and this can be facilitated by the use of information and communication technology to overcome the challenges of a remote and rural geography.

The Local Supervising Authority representative is able to seek further advice and guidance from members of the Scottish LSA Forum or from the NMC as appropriate.

The LSA representative is invited to attend all Shetland wide midwives meetings that take place on a quarterly basis. Videoconferencing facilities are available for these meetings thus ensuring Shetland wide participation. These meetings provide a forum for information exchange, updating on latest developments in clinical practice and the dissemination of national and local policies and guidelines.

Supervisors of Midwives can demonstrate that Standards for the Supervision of Midwifery Practice are being met (NMC, 2004).

No midwives have been suspended from practice or have undergone supervised practice in 2005-2006.

5. Service User Involvement

In 2005 we participated in the Remote and Rural Area Resources Initiative (RARARI)/ North of Scotland Planning Group (NoSPG) project "Sustainable Maternity Service Provision in Remote and Rural Areas in Scotland". As part of this project we expanded user involvement into our strategic decision making in relation to Maternity Services. This group has now evolved into the Maternity

Services Liaison Committee (MSLC) for the Board and takes forward developments in all areas of maternity care. All Supervisors of Midwives are members of the MSLC. A proposed audit of supervisory practice is currently being planned.

The Board has a public consultation forum, NHS100, which provides user input and feedback on NHS Shetland services. It is envisaged that this forum may be used to seek further user input into proposed service developments with Maternity Services.

6. Engagement with Higher Education Institutions in relation to Midwifery Education

Close working relationships exist between Shetland NHS Board and the Robert Gordon University (RGU), Aberdeen. The Senior Lecturer in Practice Education at the RGU visits Shetland each semester to update a Strategic group which meets to discuss Practice, Research and Professional Development. The Senior Clinical Midwife is a member of this group. There is also midwife representation on an operational group that meets to review issues that arise in the clinical learning environment.

The Maternity Department is approved as a practice placement area with the Robert Gordon University for pre-registration nursing and midwifery students. Student Midwives on placement locally are made aware of arrangements for Midwifery Supervision and are encouraged to access the Supervisors and discuss issues of concern with them if required. Feedback from student midwives who have undertaken clinical placement in the Maternity Department in Shetland indicate that it is a high quality placement which is able to provide a broad range of learning opportunities.

The Maternity Department also acts as an approved practice placement area for those Midwives who wish to undertake a Return to Practice (Midwifery) programme via the Robert Gordon University. One midwife commenced a return to practice course locally in 2005/06.

In addition to the links with the Higher Education Institutions a varied programme of multidisciplinary education and training exists locally. A rolling programme of multidisciplinary scenario training dealing with obstetric emergency situations is in place. Adult and neonatal resuscitation training occurs. Training on the

interpretation of fetal heart monitoring is now web based, providing easier access for all staff. Training on the care of women who have a substance misuse addiction has also taken place.

7. New Policies related to the supervision of midwives

Throughout 2005 the national Scottish LSA forum were developing an information pack for use by Supervisors of Midwives and Local Supervising Authority Midwifery Officers. This was formally launched in May 2006 and will be used to inform supervisory practice locally.

8. Developing Trends affecting Midwifery Practice

An integrated midwifery service operates within Lerwick. The midwifery service out with Lerwick is provided by a combination of community midwives and community midwives who also have a district nursing and/or health visiting remit. Very close working relationships exist between hospital based and community based midwives. There are moves toward closer integration of the service. Every woman is allocated a named midwife for the duration of her care.

For the period April 2005 to February 2006 the service in the Maternity Department has been midwife-led, GP supported. A locum consultant obstetrician has provided medical input during February and March 2006, because of staffing issues.

There are no non-NHS Maternity units in Shetland.

8.1 Clinical Activity

Activity for the period 2004-2005 and 2005-2006 is noted below.

	2004-2005	2005-2006
Maternity beds	6	6
Bed occupancy	24.9%	23.1%
Total births	235	233

	2004-2005	2005-2006
Births within Shetland	156	132
<i>Spontaneous vertex deliveries</i>	126	110
<i>Ventouse</i>	05	01
<i>Forceps</i>	10	0
<i>Caesarean Section</i>	15	20
<i>Still births</i>	0	01
Home births	1	0
Home visits: -		
Antenatal first visits	211	221
Antenatal return visits	562	1774
Postnatal visits: -		
Postnatal first visits	242	185
Postnatal return visits	923	792
Air ambulance transfers	32 includes 7 BA transfers	47 includes 16 BA transfers

There has been an increase in antenatal return visits seen in this report. Midwife led antenatal clinics are now held in the Gilbert Bain Maternity Department and in most Health Centres throughout Shetland. This complies with principle 4 of 'A Framework for Maternity Services in Scotland' (SEHD, 2001), which recommends that the midwife should be the lead professional in the majority of low risk pregnancies, and in some circumstances, being the first professional contact to book, assess risk and plan care. Increased midwife input into antenatal care accounts for the sharp rise in antenatal visits.

The number of Shetland residents who delivered babies out with Shetland has increased during the period of this report, and this is reflected in the increased number of air ambulance transfers. Decisions regarding place of delivery are taken collaboratively with women and their partners, taking account of clinical circumstances and in accordance with local booking criteria.

Maternity Department Midwives saw 625 women on an 'out patient' basis during the period of this report. These comprised

women who self refer as well as referrals from general practitioners and community midwives.

Fertility Services

Level I and II fertility services continue to be provided locally by two midwives, part-time within their current role. An increasing number of individuals are using this service. Consideration is being given to increasing the number of midwives who undertake the role to three. The midwives attend Aberdeen at least once annually for training and updating. Consultant medical support is available from Aberdeen and Consultant clinics are held within Shetland. Telephone advice is also available.

During the period of this report, 4 clinic sessions were held with the following attendances:

New patients	21
Return visits	43
Outpatient visits to maternity department	65

As a flexible service is offered to women, this service continues to be supported by other members of the midwifery team, for instance in allocating appointments and performing venepuncture.

Education for Parenthood

Parenthood education programmes continue to be held throughout Shetland. These sessions address normal pregnancy and the treatment of complications that may develop during pregnancy. The sessions also help women and their partners to prepare for labour, birth and the post natal period. Sessions are provided flexibly to meet the needs of women who work and their partners. Parenthood education can be provided for all women and their partners whether or not they attend formal sessions. Aquanatal sessions are also held weekly, they are well attended. It is planned to review the current provision of parenthood education in 2006.

403 people have attended Parenthood sessions with 57 additional visits to the Maternity Department having been carried out during the period of this report.

8.2 Workforce Issues

We have experienced workforce difficulties in 2005 as a result of long-term sickness and recruitment issues. This situation has now been resolved.

8.3 External Reviews of the Maternity Services in the LSA

NHS Quality Improvement Scotland Maternity Services Standards Peer Review

In November 2005 the Maternity Services in Shetland were reviewed against NHS Quality Improvement Scotland (NHSQIS) standards. The initial feedback was very positive highlighting many strengths in the local service, for example, excellent team working and enthusiasm, the time spent with women and the extent and high quality of training and education provided for staff. It was pleasing to note that two of the standards against which we were assessed had no challenges identified at all. Three areas were identified that posed challenges to the Board and means of addressing outstanding issues are currently being explored, they include provision of ultrasound services and the development of a Maternity Services Strategy.

9. Complaints regarding the Discharge of the Supervisory Function

No complaints have been raised in relation to the discharge of the supervisory function.

Complaints against the LSA, LSAMO or SOM would be managed in accordance with Shetland NHS Board's Complaints procedure that follows national guidance.

10. Local Supervising Authority Investigations

A system of Clinical Incident reporting is in place within Shetland NHS Board area. This would be used to inform the Local Supervising Authority representative of any incidents where midwifery practice is involved. An investigation of such incidents would then be used to suggest changes in practice where required and to support the development of midwifery practice.

Governance issues arising from midwifery practice are brought to the attention of the Clinical Governance Committee, as appropriate.

11. Local Developments

A number of developments have occurred within the Maternity Services locally during the period of this report, some of which are noted below:

11.1 UNICEF UK Baby Friendly Initiative

The Baby Friendly Hospital Initiative is a global campaign by the World Health Organisation and the United Nations Children's Fund (UNICEF) which recognises that implementing best practice in the maternity services is crucial to the success of the promotion of breast feeding. The Gilbert Bain Maternity Department has recently undergone a process of rigorous re-assessment by a team from the UNICEF UK Baby Friendly Initiative. The outcome of which was that the Maternity Department retained its status as a Baby Friendly Hospital, and fully complies with all ten 'best practice' steps.

During the period of this report the breast feeding rate for Shetland Births (132) was 79.9% at birth and 70.9% at discharge from hospital. Shetland has one of the highest rates of Breast Feeding in Scotland.

11.2 Newborn hearing screening

In April 2005 newborn hearing screening was introduced. This National programme screens all babies to detect the 1-2 babies

in every 1000 born with hearing loss in one or both ears. 5 Midwives are trained to undertake hearing screening; this usually takes place prior to discharge from hospital. Two tests are carried out, the Otoacoustic Emissions test (OAE) and Auditory Brainstem Response (ABR). The tests require the baby to be very calm and quiet and can take up to one hour to complete.

179 hearing screenings were undertaken in Shetland during the period of this report. This includes neonates who were delivered in Aberdeen prior to the introduction of screening in Aberdeen.

11.3 Standards, Guidelines and Protocols

Regional guidelines have been developed to direct ante- natal, intra- partum and post- natal care. They have been adapted for local use and have been distributed widely to relevant clinical areas.

References

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

Scottish Executive Health Department. (2002) Implementing A Framework for Maternity Services in Scotland – Overview Report of the Expert Group on Acute Maternity Services (EGAMS), Edinburgh.

Nursing and Midwifery Council (2004) Midwives Rules and Standards, London.

Edna Mary Watson
Local Supervising Authority Representative
(1 April 2005 – 31 July 2006)

Helen Wisdom
Local Supervising Authority Midwifery Officer
(From 1 August 2006)

20 August 2006