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

The Western Isles lie off the west coast of Scotland. There are 9 inhabited islands. The total population of Western Isles is just under 20,000 with most people living on Lewis, the main island. Stornoway, the capital, with has population of 8,500, is the administrative centre of the region with a good mix of shops, supermarkets and small local businesses. Further information about the islands and NHS Western Isles can be found at:

Maternity services in Western Isles consist of a Level 2b maternity unit at the Western Isles Hospital in Stornoway, and CMU, level 1c at the Ballavanich Hospital on Benbecula which service the Southern Isles. Community midwifery services are based in community areas across mainland Lewis and Harris. The posts in Harris and Uig area of Lewis remain double duty nurse midwife posts. Midwives play a key role in the delivery of maternity services and NHS Western Isles endorses, and is working towards a midwife-led model of care. The current model of care is a consultant-led model with two consultant obstetrician posts based in Stornoway. The CMU in Ballivanich is supported by GP practitioners who support the community hospital service. Further information on services is available at:  
www.wihb.scot.nhs.uk

NHS Western Isles 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).

NHS Western Isles has 35 midwives working across the community and hospital setting. Some are double duty posts. There is currently one SOM in place.
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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. The Western Isles Health Board met its statutory requirement through a Service Level Agreement (SLA) with Dumfries and Galloway Health Board and Mrs Brenda Thorpe, the LSAMO for that area, covered the Western Isles. Mrs Thorpe resigned from this SLA earlier this year. Mrs Helen Bryers, LSAMO NHS Highland was approached in July 2006 and agreed to cover the area until the regional appointment. It is anticipated that an appointment to the regional post will be made in September 2007.

This report of Western Isles NHS Board, as the LSA for the practice of midwifery in Western Isles covers the period from 1\textsuperscript{st} April 2006 to 31\textsuperscript{st} 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 Western Isles Health Board and the papers published on the Health Board website 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 Nursing, Lead Midwives and 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**

   There is currently only one SOM in place across NHS Western Isles. Mrs Catherine Hughson resigned this year due to work pressures. Until April 2007, Mrs Karen King was providing SOM cover from Dumfries and Galloway. Since then, only Mrs Katherine Kearney has remained in the role. The situation had been anticipated in February 07 and measures put in place to train two new SOMs. An on-line SOM Preparation Module with Paisley University was agreed (in order to cut down on travel costs and time away from the islands and work base).
One midwife successfully completed the course. The other midwife did not complete the course as she moved away from the islands.

The interview for the SOM appointment is scheduled for the 4th October. Thus, the situation will be resolved shortly. There were no removals of SOMs from practice.

In 2006-7, thirty-five midwives registered their Intention to Practice (ITP). Three other midwives register secondary ITP to the Western Isles Health Board. These are the Midwifery Lecturers at the Highland Campus of University of Stirling based in Inverness who give primary ITP to NHS Highland.

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 Catherine Kearney</td>
<td>Stornoway</td>
<td>35</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) Western Isles Hospital, Stornoway</td>
<td>1 Lead Midwife for Western Isles I team leader 20 midwives employed + 6 Bank midwives 1 double duty</td>
<td>14.12</td>
</tr>
<tr>
<td>North &amp; South Uist, Ballivanich Hospital base</td>
<td>2 midwives employed + 1 Bank midwife</td>
<td>2.0</td>
</tr>
<tr>
<td>Nurse/midwife Harris Barra</td>
<td>3 double duty 1 double duty Bank midwife x 2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>35 midwives</td>
<td>16.12</td>
</tr>
</tbody>
</table>

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

The contact details for the SOM 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 availability rota for use out-of-hours, 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 the Supervisors' mobile, work and home phone numbers. Since there is only one SOM in the Western Isles at the moment, this means that the SOM is continually on-call. This situation will be resolved following SOM interviews scheduled for the 4th October 2007.

However, even with two SOMs on the islands, this is not a sustainable position long term and the collaboration with the other regional health boards is required in order to provide a solution. Currently NHS Highland SOMs provide support to cover annual leave.
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 Western Isles took place on the 20th and 21st August 2007. The LSAMO met with the one SOM, the Lead Midwife and the Director of Nursing, the Practice Development Officer, 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. In the past the SOMs have worked with NHS Highland and were invited to attend the NHS Highland SOM Forum. This has fallen by the wayside. Since the LSAMO visit in August, this link has been re-established and video link to the regular meetings of the NHS Highland SOM Forum will be available.

4.3 Supervisory Reviews

The annual supervisory review process has been maintained as far as possible in the current situation. All midwives had a review, although some of these were by telephone. Each midwife has a copy of the review report and the SOM retains a copy.

Each midwife completes the annual self-review form. This highlights to the supervisor and the manager the areas of practice which require to be updated, the numbers of courses attended in the last year, and areas of concern discussed with the supervisor.

As part of the annual review process, an 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 thirty-five midwives registered their ITP to the LSA, signed by their SOM and with the annual audit review completed. In addition, the three secondary ITPs from the University of Stirling midwifery lecturers were recorded. Of the thirty-five midwives, four practice as double duty nurse/midwives. There are no triple duty nurse/midwife/HV posts. Examination of the caseload numbers of each of the double duty nurse/midwives confirmed that the numbers of midwifery hours in practice was adequate to meet NMC standards in three of four.

The fourth post holder has been advised to increase the number of midwifery hours in her practice by spending time in the maternity unit, covering for other midwives’ clinics and keeping a record of the time accrued.
This will be reviewed by the SOM on a three monthly basis and a decision taken as to whether or not ITP should be signed off in April 2008. Each double duty nurse/midwife has the opportunity to spend time in other areas in order to gain extra hours of practice, to network with other midwives and to maintain skills.

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.

NHS Western Isles has corporate, divisional and departmental systems for registering and managing risk. The departmental risk registers are reviewed monthly by the Divisional Management teams and quarterly reports generated for the NHS Board. Midwives are involved in the risk reporting system and meetings. The SOM is involved in this process and where midwives are involved, or gaps in knowledge identified, the SOM will provide support and develop an updating plan with the individual midwife or review current policies and guidelines if required.

4.6 Homebirths

There were six homebirths in 2006. 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.

4.7 Training and Development

NHS Western Isles has responded to the training and development needs of midwives by implementing an in-house programme of emergency skills training. The midwifery manager and SOM meet with the Practice Development Officer on a regular basis and training programmes are agreed, based on needs identified in the SOM annual review and the PDP process. The Neonatal training is provided every three months. The courses included:

- Feb 2006 Normality course run by Dr Denis Walsh
- March Partum Haemorrhage and CTG training
- April Neonatal Resuscitation, Shoulder Dystocia and cord prolapse
- June Perineal repair
- July Child Protection
- Aug Neonatal resuscitation and stabilisation

A waterbirth study day is planned for November 2007.

4.8 Support for new SOMs

As highlighted earlier in this report, NHS Western Isles is currently in the process of selecting new SOMs. It is hoped that this will enable supervision to be more proactive in the area. As with the model in NHS Orkney and Shetland, 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

SOMs are currently supported with one day a fortnight to fulfil their role. This can at times be hampered by service needs. 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 Western Isles. The Western Isles has an active MSLC which is chaired by a lay member and has seven other members of the public who represent local areas. Recruitment to the committee is by word of mouth. The MSLC is actively involved in the maternity service re-design process.

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

Supervision of Midwives and student midwives

NHS Western Isles has an on-site campus of Stirling University, the main provider of pre and post registration education for midwifery in the area. The midwifery lecturer resource is shared with the Highland Campus in Inverness. 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 Western Isles. 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 three students who are placed in the Western Isles for their community placement.

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.

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.

NHS Western Isles has recently published a scoping paper for a clinical strategy. The main areas of development for maternity services are the provision of Unicef Baby Friendly Awards; undertaking Birth-rate Plus and involvement in regional and national planning of maternity services.

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

**Table 3: Maternity Service provision and births in Western Isles 2005 and 2006**

<table>
<thead>
<tr>
<th>Western Isles LSA</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of births in the Stornoway Maternity Dept.</td>
<td>223</td>
<td>179</td>
</tr>
<tr>
<td>Total number of births in Ballivanich CMU</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>SVD</td>
<td>155</td>
<td></td>
</tr>
<tr>
<td>Ventouse</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Forceps</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Elective LUSCS</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Emergency LUSCS</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Homebirths</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total number of births to Western Isles mothers in out-of-area maternity units</td>
<td>Uist 19</td>
<td>Barra 12</td>
</tr>
<tr>
<td>=</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Total number of births in Western Isles</td>
<td>234</td>
<td>222</td>
</tr>
<tr>
<td>Total number of births to Western Isles mothers (in and out of area)</td>
<td>265</td>
<td></td>
</tr>
<tr>
<td>Stillbirth/neonatal deaths in Western Isles</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Air ambulance</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Maternity beds Stornoway</td>
<td>Uist 14</td>
<td>Barra 2</td>
</tr>
<tr>
<td>Neonatal facilities</td>
<td>2 incubators</td>
<td></td>
</tr>
<tr>
<td>Total Antenatal visits</td>
<td>Figures not available</td>
<td></td>
</tr>
<tr>
<td>Total Postnatal visits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The total number of births to Western Isles mothers in 2006 was 265. Of these, 31 mothers delivered ‘off-island’ in mainland units. These mothers came from Uist and Barra and most chose to deliver in Glasgow maternity hospitals.
Of the remaining 234 births, nine (in the CMU + 4 homebirths) were in the Uist and one homebirth in Barra. There was one homebirth in Lewis. The remaining mothers gave birth in Stornoway. The combined emergency and elective caesarean section rate is 25% (12% elective LUSCS and 13% emergency LUSCS). Of these remaining births in 2006, 69% were normal vaginal births; and 5% operative vaginal births. There was one stillbirth on Uist in Dec 2006.

The Air Ambulance provision has changed in the last year. This has had an impact on transfer provision in some areas. For example, the new air ambulance, the King Air, is too heavy to land on the beach used as an airstrip on Barra. This means that the coastguard or other military helicopter has to be called. Obviously, this is in emergency situations only, as mothers are all advised to be ‘off-islands’ from 38 weeks of pregnancy.

Parent Education classes are held weekly in Western Isles hospital. In remote areas one-to-one sessions are provided by the midwives as required. There are weekly aqua-natal sessions in Grianan pool in Stornoway.

Western Isles breast feeding rates are approx 55% at birth. Breast feeding support group every week and baby massages as required. Parent Education classes have been revised during the year. Aqua natal sessions are held weekly and training has recently been undertaken by a number of midwives to extend this provision in the forthcoming year. Further training is planned for November 2007.

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 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 some areas of NHS Western Isles and the maintenance of midwifery hours in remaining double duty posts remains a challenge.

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

There were no complaints received during the period.

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 (Orkney and Shetland) show that statutory supervision of midwives is central to the delivery of midwifery services within NHS Western Isles and across the North of Scotland.
The current situation of only one SOM on the Western Isles will be resolved shortly and this will enable proactive supervision within the Western Isles to develop and ensure that midwifery supervision continues to support the high standard of midwifery care to women and their families within NHS Western Isles continues to be provided at the high quality and within the standards set by the NMC.

Western Isles SOMs have shown willingness to response 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 availability rota for SOMs between the Western Isles and NHS Highland is currently being explored and the support offered to the island boards has begun.

The North of Scotland region in general and NHS Highland 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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HS1 2BB
References


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

http://www.wihb.scot.nhs.uk