



**Local Supervising Authority Midwifery Officer**

# **Annual Report to the NMC**

**September 2007**

## Summary

NHS Highland catchment area comprises the largest and most sparsely populated part of the UK with all the attendant issues of a difficult terrain, rugged coastline, populated islands and a limited internal transport and communications infrastructure. The area covers 32,518 km<sup>2</sup> (12,507 square miles) which represents 41% of the Scottish land mass. The geographical nature of the region presents particular challenges for the efficient, effective delivery of sustainable health services.

The population of the area is approx 299,000. During peak tourist seasons the population of the area can be doubled. More information on NHS Highland structure and services can be obtained from the website <http://www.nhshighland.scot.nhs.uk>

NHS Highland has 332 midwives working across community and hospital settings. There are 29 Supervisors of Midwives (SOMs) in place. This gives an overall ratio of SOM to midwife of 1.11. The total number of births in NHS Highland was 2340, including 46 homebirths.

The development of NHS Highland maternity services provision is underpinned by A Framework for Maternity Services (SEHD 2001) and the subsequent Expert Group on Maternity Services in Scotland Report (EGAMS, 2003).

Maternity services in NHS Highland consist of an acute maternity unit in the main referral hospital for NHS Highland, Raigmore Inverness. There is a small consultant maternity unit in Caithness and CMU units in Skye and Lochalsh and Argyll and Bute. In addition, there are community midwifery teams in localities throughout the area.

<b>Contents</b>	<b>Page</b>
<b>Summary</b>	
<b>Introduction</b>	
1. <b>Standard 1:</b> Each LSA will ensure their report is made available to the public	<b>4</b>
2. <b>Standard 2:</b> Supervisor of Midwives (SOM) appointments, resignations and removals	<b>4</b>
3. <b>Standard 3:</b> Detail of how midwives are provided with continuous access to a supervisor of midwives	<b>6</b>
4. <b>Standard 4:</b> Details of how the practice of midwifery is supervised	<b>6</b>
5. <b>Standard 5:</b> Service User Involvement in monitoring the supervision of midwives and assisting the LSAMO with the annual audits	<b>9</b>
6. <b>Standard 6:</b> Engagement with higher education institutions in relation to midwifery education programmes	<b>9</b>
7. <b>Standard 7:</b> Details of any new policy relating to supervision of midwives	<b>11</b>
8. <b>Standard 8:</b> Evidence of development trends affecting midwifery practice in the local supervising authority	<b>11</b>
9. <b>Standard 9:</b> Details of the number of complaints regarding the discharge of the supervisory function	<b>13</b>
10. <b>Standard 10:</b> Reports on all the LSA investigations undertaken during the year.	<b>13</b>

## 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 Helen Bryers has continued as LSAMO NHS Highland and has undertaken the LSAMO function for NHS Shetland, NHS Orkney and NHS Western Isles. It is anticipated that an appointment to the regional post will be made in September 2007.

This report of Highland NHS Board, as the LSA for the practice of midwifery in NHS Highland covers the period from 1<sup>st</sup> April 2006 to 31<sup>st</sup> March 2007. Birth statistics are recorded on an annual basis and therefore those used in this report are for the calendar year January-December 2006

The Chief Executive Officer of the LSAMO is: Dr Roger Gibbins, Assynt House, NHS Highland, Inverness, E-mail: [Roger.gibbins@hnb.scot.nhs.uk](mailto:Roger.gibbins@hnb.scot.nhs.uk); 01463 704810

The interim LSAMO is Helen Bryers, Assynt House, NHS Highland, Inverness. E-mail: [helen.bryers@haht.scot.nhs.uk](mailto:helen.bryers@haht.scot.nhs.uk); tel: 01463 704921

### **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 NHS Highland Clinical Governance Committee of Highland Health Board and the papers are then published on the Health Board intranet to which all staff and the public have access. In addition, the report is widely circulated across the Board area via Director of Nursing, Lead Midwives, SOMs and Assistant Directors of Nursing. All midwives receive a copy of the report. The report is also available to the Maternity Services Liaison Committee (MSLC).

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

**2.1** Twenty-nine (29) SOMs are currently in place across NHS Highland. The current model of supervision has been in place for several years and ensures that remote community areas and the maternity unit setting have the expertise of a supervisor available.

**Table 1: SOM Resignations and Appointments**

Year	Number of SOMs	Appointment	Resignation	Removal
2005-2006	26	1	1	0
2006-2007	29	4	1	0

In 2006 - 7, 332 midwives registered their Intention to Practise (ITP). The overall ratio of SOM to midwife is 1.11.

## 2.2 Numbers of Midwives

Turning to the number of midwives employed within NHS Highland, there are **131.75** WTE midwives employed in various settings across NHS Highland. This is shown in Table 2. Of these WTE midwives, approx 61.2 (Raigmore and Caithness) work in a consultant obstetric unit (Level 2), 47.67 work in CMU fully integrated community and CMU service and 22.88 work as single duty community midwives. In addition, there are 35 double duty nurse/midwives and 2 triple duty nurse/midwife/health visitors employed in remote or very remote/island areas.

**Table 2: Employment of midwives within NHS Highland**

Area of work	WTE	Number of Midwives in double/triple duty posts
<b>Acute Maternity Hospital</b>		
Raigmore	48.0	
Raigmore community	7.58	
Caithness	13.2	
Caithness community	6.0	
<b>Total</b>	<b>74.78</b>	
<b>CMU - all integrated service</b>		
Skye & Lochalsh	6.8	
Lochaber	7.5	
LIDGH	8.35	
Mid Argyll	6.14	
Bute	4.68	
Campbeltown	5.2	
Dunoon	7.4	
Islay	1.6	
<b>Total</b>	<b>47.67</b>	
<b>Single duty community midwife</b>		
East Ross	9.3	13
<b>Total</b>	<b>9.3</b>	
<b>Nurse/midwife</b>		
North Sutherland	These posts are combined with district nursing and therefore midwifery hours cannot be calculated accurately.	3
North West Sutherland		3
East Sutherland		9
Wester Ross		8
Lochaber		3
Badenoch & Strathspey		9
<b>Total</b>		<b>35</b>

<b>Triple duty</b> (nurse/midwife/health visitor) Ardnamurchan, Lochaber Mull & Iona		1 1
<b>Total</b>		<b>2</b>
<b>Midwives registering secondary ITP with NHS Highland</b>		<b>35</b>
<b>Total</b>	<b>131.75 WTE</b>	

These staffing levels have not changed in recent years. NHS Highland is currently undertaking the workforce planning tool, Birth-rate Plus in both hospital and community settings.

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

During January and February 2007, the LSAMO invited all midwives to indicate their first and second choice of supervisor from across NHS Highland. This was a change from only being able to request a SOM from the local area and was carried out in order to provide midwives with more choice of SOM and to improve midwifery integration across NHS Highland. It also helped to separate supervision from direct line management and decrease the chance of a conflict of interests arising. Most midwives were allocated a SOM of their choice; it was not possible for all midwives for two reasons. Firstly, in order to ensure that SOMs did not exceed the full cohort of 1:15 and secondly, the SE CHP declined to be involved in this exercise and therefore midwives working within that area have choice of SOM restricted to the two SOMs based in the CHP.

The SOM provides each supervisee with her contact details for informal/ad hoc discussions. All new start midwives are given choice of SOM. A letter of introduction is sent to the new midwives, and where at all possible, an informal introductory meeting is arranged.

NHS Highland SOMs operate a 24-hour availability 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 the main maternity units, CMUs, the community midwife bases and all midwives are given a copy of the rota.

Two midwives completed the SOM Module at Napier University in Edinburgh

### **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. This is detailed in Table 3.

**Table 3: Annual Monitoring Visits 2006-2007**

Area	Number of Midwives attended	Number of SOMs present	Date
Caithness	8	2	25/06/07
North & North West Sutherland	5	1	28/06/07
East Sutherland	10	0	11/07/07
Easter Ross	10	2	13/06/07
Wester Ross	4	1	22/08/07
Skye & Lochalsh	12	1	31/08/07
Lochaber	9	2	23/05/07
Badenoch & Strathspey	To be completed		
Inverness	To be completed		
Oban	4	1	24/09/07
Mull, Coll & Tiree	3	1	25/09/07
Islay	3	1	30/05/07
Mid Argyll	2	1	25/09/07
Campbeltown	5	2	26/09/07
Rothesay	5	2	26/09/07
Dunoon	6	1	27/09/07

In addition to these audit visits within NHS Highland, the LSAMO was interim LSAMO for the islands boards of Orkney, Shetland and Western Isles, as shown in Table 4.

**Table 4: LSAMO interim arrangement to Island Health Boards**

LSA	Date cover period commenced	Audit visit
Orkney	Autumn 2006	20 <sup>th</sup> December 2006 14 <sup>th</sup> and 15 <sup>th</sup> August 07
Shetland	January 2007	12 <sup>th</sup> and 13 <sup>th</sup> July 07
Western Isles	July 2007	20 <sup>th</sup> and 21 <sup>st</sup> August 07

#### 4.2 NHS Highland SOM Forum

The NHS Highland SOM Forum is held 2 monthly. This meeting brings SOMs together in a formal manner on a regular basis. The meeting is chaired by the LSAMO and the Board Director of Nursing is invited. The Forum holds an annual midwifery seminar with invited guest speaker on topical midwifery issues.

#### 4.3 Supervisory Reviews

All midwives have an annual supervisory review. 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.

Supervision Review forms were revised in March 2007 to include information about PREP requirements and current professional guidelines and also an area for documentation of recent training and self assessment of competencies and practice. A Highland Skills Inventory List is also used in order to help midwives identify areas of practice that may require updating.

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

All 332 midwives registered their ITP to the LSA, signed by their SOM and with the annual audit review completed. Of the 332 midwives, 35 practise as double-duty nurse/midwives and 2 practise as a triple-duty nurse/midwife and Health visitor. Examination of the caseload numbers of each of these midwives confirmed that the numbers of midwifery hours in practice was adequate for NMC requirements.

#### **4.5 Clinical Governance and suspension from practice**

There were no cases of suspension from practice in the period of the report.

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

#### **4.6 Homebirths**

The SOMs provide support for midwives and women in the homebirth situations. There were 46 homebirths in NHS Highland during 2006. There are several challenges to the homebirth service provision. These include the remoteness and access to some homes, the provision of the service on islands which do not have a resident midwife and above all, the provision of the out-of-hours on-call rota for up to five weeks around the time of birth.

#### **4.7 Training and Development**

Maternity services skills maintenance courses are run on a regular basis across NHS Highland. The work is led by the Maternity Services Training & Development co-ordinators, both of whom are SOMs. They are supported by key trainers in Raigmore and in localities across NHS Highland. The courses provided are in line with the five areas identified by EGAMs where education required to be focused, namely:

- Neonatal resuscitation
- Management of maternal emergencies
- Normality
- Examination of the newborn infant
- History taking, risk assessment and decision making

The number of professional staff undertaking these courses is identified in Table 5.

**Table 5: Professional Staff undertaking NHS Highland Skills updating programme**

<b>Year</b>	<b>Midwives</b>	<b>Ambulance Personnel</b>	<b>Medical Staff</b>
<b>2004</b>	195 + 8 nurses	16	5
<b>2005</b>	182 + 8 nurses	19	4
<b>2006</b>	186 + 6 nurses	15	4

#### **4.8 Support for new SOMs**

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

#### **4.9 Protected time for SOMs**

Protected time for the SOM is not uniform across NHS Highland and is largely at the discretion of the local manager. 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.

#### **4.10 Supervised Practice**

There was one case of supervised practice in 2006. This was a midwife who on registration had a temporary two month contract with NHS Highland. During this time, it became apparent that she required additional time to consolidate her practice particularly around her organisational skills. She was allocated mentors and work through a planned programme. Some improvements were noted before the end of her contract and the mentors were satisfied that with further experience improvement would continue.

### **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 Highland. There is an active Maternity Services Liaison Committee (MSLC). The LSAMO and SOMs are actively involved in both of these groups. User representatives of the MSLC attend the Highland SOM Forum.

Public involvement is sought through the local press, posters in surgery waiting areas, libraries and other public facilities. All women are given information on the Maternity Forum at the time of booking. For women living in remote areas and islands, involvement in the group can be by email, phone, video link or circulation of minutes to all members. If able to attend travel expenses would be reimbursed. Wider geographical representation of service users is an area which the MSLC is currently addressing.

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

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

### **6.1 Supervision of Midwives and student midwives**

NHS Highland works closely with the Stirling University Highland Campus in Aberdeen, the main provider of pre and post registration education for midwifery in the area. One SOM is a midwifery lecturer at the university. All SOMs work closely with the three midwifery educators in Inverness. In addition, the student midwives have access to the SOMs when they are on placement. 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.

The Argyll & Bute CHP have established good links with University of Paisley which was the first university to achieve Baby Friendly Status. Collaborative work with SOMs, midwives and the university teaching and research team has resulted in the development of skills training for non-midwives course with an emphasis on remote and rural practice. This course is now run by NES as part of the Scottish Maternity Multi-professional Development Programme (SMMDP).

### **6.2 Selection of SOM**

The LSA undertakes an interview selection process for prospective SOMs. Successful candidates then apply to an HEI of their choice to complete the SOM module. In the past, the most commonly used modules for NHS Highland midwives were run from Stirling University and Napier University, Edinburgh. To date, all midwives selected have successfully completed the module at either ordinary or Masters Degree level.

### **6.3 LSAMO contribution to Midwifery Education and research**

The 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. The LSAMO carries out the annual lecture on statutory supervision of midwives to the senior student midwives cohort.

### **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.

Within NHS Highland an annual SOM seminar is held and SOMs and midwives are invited to present work on a variety of topics. This year the topics included the implementation of Birthrate Plus, the use of the Bristol individualised fundal height measurement tool, feedback on implementation of Baby Friendly community scheme and midwifery research study information sharing.

**7. Standard 7: Details of any new policy relating to supervision of midwives**

While there are no new policies relating to the supervision of midwives, SOMs are involved in the on-going process of developing, implementing and reviewing guidelines for midwifery practice within NHS Highland. The LSAMO co-chairs the NHS Highland maternity services guidelines sub-group of the Women's Health Network. SOMs sit on this sub-group and are involved in this process of guideline review and implementation.

This year, the LSAMO and the Highland SOM Forum have reviewed and updated the NHS Highland SOM Resource Pack. This pack is used in conjunction with the Statutory Supervision of Midwives in Scotland publication.

**8. Standard 8: Evidence of developing trends affecting midwifery practice in the LSA**

During the period of the report the breast feeding rate for NHS Highland was 67% at birth (NHS Highland local figures). This declines to around 42% by the six week period. NHS Highland continues to have one of the highest breast feeding rates in Scotland. An Infant Feeding Advisor post has been developed to promote this important area of the public health agenda. Raigmore Maternity Unit is an accredited as Baby Friendly unit and is due for re-accreditation in March 2008. Caithness Maternity Unit has a Certificate of Commitment and expects to become fully accredited in the coming year. The CMUs and community midwifery teams are currently preparing for the community Baby Friendly award. Training of key trainers is planned for November 2007.

A midwifery leadership structure within the NHS Highland has recently been implemented. This included the appointment of Lead Midwives in each of the CHPs and SSU in order to support the Head of Midwifery/LSAMO. Other midwifery leadership posts have been developed. Firstly, the long awaited Infant Feeding Adviser post is up and running. Secondly, the Ante-natal Screening Co-ordinator post has recently been filled. These posts support the progress in maternity services provision. Furthermore, in order to support the public health agenda around domestic abuse, vulnerable families, a consultant midwife post is currently proposed within the Public Health department.

The total number of births in NHS Highland was 2340, including 46 homebirths. There were 10 stillbirths and one maternal death in NHS Highland in 2006. Figures are highlighted in Table 6.

There was one maternal death in 2006. The case was a primigravida who was diagnosed with ovarian cancer during her pregnancy. Her condition deteriorated and a caesarean section was performed. The infant survived but sadly the mother died of a pulmonary haemorrhage in the postnatal period.

**Table 6: Birth statistics NHS Highland January- December 2006**

<b>Area</b>	<b>Total Births In 2006</b>	<b>Booked Homebirth</b>	<b>Actual Homebirths</b>	<b>SVD</b>	<b>Operative Deliveries</b>	<b>El C/S</b>	<b>Em C/S</b>	<b>Stillbirths</b>
<b>SSU- Raigmore &amp; Inverness Community</b>	<b>1904</b>	<b>12</b>	<b>2</b>	<b>908</b>	<b>272</b>	<b>226</b>	<b>295</b>	<b>8</b>
<b>North CHP</b>								
Caithness	<b>206</b>	<b>4</b>	<b>3</b>	<b>122</b>	<b>12</b>	<b>33</b>	<b>37</b>	<b>2</b>
East Sutherland		<b>4</b>	<b>3</b>					
North & NW Sutherland		<b>0</b>	<b>2 unplanned 3 ambulance births</b>					
<b>Mid Highland CHP</b>								
Lochaber	<b>46</b>	<b>3</b>	<b>3 3 unplanned</b>	<b>46</b>				
Skye and Lochalsh	<b>24</b>	<b>4</b>	<b>4 2 unplanned</b>	<b>24</b>				
Wester Ross		<b>0</b>	<b>2</b>					
East Ross		<b>18</b>	<b>6</b>					
<b>SE CHP</b>		<b>1</b>	<b>1</b>					
<b>Argyll &amp; Bute CHP</b>								
Oban	<b>25</b>			<b>25</b>				
Mid Argyll	<b>24</b>	<b>14</b>	<b>14 1 ambulance birth</b>	<b>24</b>				
Camletown	<b>19</b>			<b>19</b>				
Dunoon	<b>33</b>			<b>33</b>				
Rothesay	<b>10</b>			<b>10</b>				
Islay	<b>3</b>			<b>3</b>				
<b>Totals</b>	<b>2294</b>	<b>60</b>	<b>46</b>	<b>1214</b>	<b>284</b>	<b>259</b>	<b>332</b>	<b>10</b>

The Women's Health Network is a strategic level group which aims to support the implementation of national maternity services policy and standards within NHS Highland. The Network is chaired by the Board Director of Nursing who is the executive lead for maternity services. The LSAMO and several SOMs are members of the Network. The work of the new Scottish national project, Keeping Childbirth Natural and Dynamic (KCND) will be monitored through the Network.

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 Highland (Badenoch and Strathspey & Sutherland) and the midwifery cover to small islands remains a challenge.

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

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

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

There were no LSA investigations.

**Conclusion**

This report and the reports from the island boards (Orkney, Shetland and the Western Isles) show that statutory supervision of midwives is central to the delivery of midwifery services within NHS Highland and across the North of Scotland. The LSAMO and Highland SOMs fulfil an important role in ensuring that the standard of midwifery care to women and their families within NHS Highland continues to be provided at the high quality and within the standards set by the NMC. Highland 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 across NHS Highland 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.

Dr Roger Gibbins  
Chief Executive Officer  
Highland Health Board,  
Assynt House  
Beechwood Park  
Inverness.  
E-mail: [Roger.gibbins@hnb.scot.nhs.uk](mailto:Roger.gibbins@hnb.scot.nhs.uk)

Helen Bryers, LSAMO  
NHS Highland,  
Assynt House,  
Inverness.  
E-mail: [Helen.bryers@haht.scot.nhs.uk](mailto:Helen.bryers@haht.scot.nhs.uk)

24<sup>th</sup> September August 2007

## References

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

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

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

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