Southern Health and Social Services Board (LSA)

Annual Report to the Nursing and Midwifery Council

1 April 2007 – 31 March 2008

Verena Wallace
LSAMO

September 2008
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1. Executive Summary

In May 2007, the LSA’s first full time LSAMO was appointed. During 2007/8, the first LSA audits of midwifery supervision were carried out and a network of contact Supervisors of Midwives established across the province. Throughout the Board’s area, there is now 24 hour access to a Supervisor of Midwives. Every year, each midwife in the SHSSB is offered an annual review by her named Supervisor of Midwives.

The LSAMO worked with Queen’s University, Belfast Midwifery Department and Supervisors of Midwives from around Northern Ireland to update the curriculum for the Supervisor of Midwives course in light of recent guidance from the NMC (Standards for the preparation and practice of Supervisors of Midwives; NMC 2006). The course was approved and the new programme commenced in February 2008.

During 2007/8, UK wide guidelines for midwifery supervision, originating from the UK wide network of LSAMO’s were reviewed and commented on by Supervisor of Midwives in Northern Ireland.

Two successful conference days for Supervisors were held on 9 May and 13 November 2007. The theme on both days was “Records, Reports and Referrals” and the Senior Coroner for Northern Ireland was one of the speakers.

In addition a two day medico-legal workshop for SoMs covering ‘Excellence in Statement & Report Writing’ and ‘Witness Skills for Courts, Inquiries & Tribunals’ was held on 7 & 8 February 2008.

2. Introduction

Purpose of the Report

The Southern Health and Social Services Board (the Board) is the Local Supervising Authority (LSA) responsible for the
function of statutory supervision of midwives. The LSA is accountable to the Nursing and Midwifery Council (NMC) who sets Rules and Standards for Midwifery. As part of this responsibility, the Board submits an Annual Report on the supervision of midwives to the NMC and ensures that the report is made available to the public.

The protection of women and children through effective midwifery supervision is reflected in the work done to incorporate the objectives of clinical and social care governance into midwifery supervisory practice and the improved access to midwifery supervisors.

The four LSAs in Northern Ireland (Northern, Western, Southern and Eastern Health and Social Services Boards) appointed a full time LSA Midwifery Officer (LSAMO) in May 2007. The Supervisors of Midwives have continued to contribute to clinical audit, standard setting and evidence based practice.

The LSAMO and Supervisors of Midwives have contributed to NMC consultations through a variety of forums as requested.

The LSAs, LSAMO and the Supervisors of Midwives are keen to continue the development of midwifery supervision, building on the good work already done. The Midwives Rules and Standards set out an agenda for change which will utilise the skills of the Supervisors of Midwives to develop the maternity services in the Board’s area.

The work of the LSA’s Supervisor of Midwives and the commitment and support given by the Board and Trusts to their role is a partnership. The aim is to have effective supervision embedded in practice to ensure the highest standards of care and best outcomes for mothers and babies.

**LSA Report**

This report follows the outline received from the NMC in June 2008 relating to the presentation required to fulfil Rule 16 in the NMC’s Midwives Rules and Standards (NMC 2004).
The SHSSB Maternity Service

Maternity Units

There are two maternity units within the SHSSB/LSA. The units are Craigavon Hospital in Craigavon, Co Armagh and Daisy Hill Hospital in Newry, Co Down. The community area within the SHSSB encompasses the areas around Craigavon and Newry as well as Portadown, Lurgan, Banbridge, Armagh, Dungannon and Mourne.

Both maternity units are consultant led with Craigavon also having Northern Ireland’s only midwifery led unit adjacent to the rest of the maternity unit. Craigavon has a neonatal unit, 24 hour anaesthetic cover, nine community midwifery bases and around five homebirths a year (0.2%).

At Craigavon, there is a rising birth rate with 3,585 women delivered in 2006/7. In the SHSSB, the total births have risen from 4,727 in 2004 to 5,075 in 2006 and almost 6,000 for 2007 between the two maternity units in the SHSSB (Craigavon and Daisy Hill). Reasons for this rise are thought to be a mixture of demographic changes within Northern Ireland as well as the closure of the maternity unit at the Mid Ulster Hospital (NHSSB) in 2006.

The caesarean section rate at Craigavon in 2006/7 was 31.8%. This is higher than the average national rate and the second highest rate in Northern Ireland.

At the LSA audit visit, a snapshot of the service at Daisy Hill indicated a birth rate of 2,350, rising from 1,734 in 2002. There is increasing use by women of the admission room facility and an increase in the number of mothers whose first language is non English, with accompanying increased use of interpreting services.
SHSSB has a good ratio of Supervisors of Midwives to midwives (1: 16.9), which is just slightly above the NMC’s recommended level of 1:15. There are more trainee Supervisors of Midwives preparing for the next course at QUB in 2008.

At Health and Social Services Board level, birth rates ranged from 13.4 births per 1,000 population in the Eastern and Northern Board areas to 15.7 births per 1,000 population in the Southern Board area. The birth rate in the Western Board was 13.8 births per 1,000 population.

Dungannon Local Government District had the highest birth rate of all the Local Government Districts in 2007 with 16.2 births per 1,000 population while the lowest birth rate was in Coleraine Local Government District at 11.4 births per 1,000 population.

The total period fertility rate for the three year period 2005-2007 ranged from 2.18 children in Newry and Mourne Local Government District to 1.69 children in Belfast Local Government District. The Northern Ireland total period fertility rate for this three year period 2005-2007 was 1.94 children.

**Shssb**

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3. Each Local Supervising Authority will ensure their report is made available to the public.

When completed and approved, the report is made available in hard copy through the SHSSB, Libraries and it is also available on the Board's website.

4 Numbers of Supervisor of Midwives appointments, resignations and removals

2007/8

<table>
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</tr>
<tr>
<td>Resignations</td>
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<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Removals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

5 Details of how midwives are provided with continuous access to a Supervisor of Midwives.

Supervision of Midwifery

All Midwives in the United Kingdom have a named Supervisor of Midwives. This is a statutory provision for the profession whether midwives practise in hospital, the community or privately.

The role of the Supervisor of Midwives is only provided in the United Kingdom, no other country in the world has this professional support as statutory to the practice of midwifery.

To become a Supervisor of Midwives requires extra study once a nomination and selection process has occurred. Supervisors are not appointed by employing Trusts although the majority of
Supervisors of Midwives have a remit of work or a caseload of supervisees that are most often employed by the same organisation.

Every midwife comes under the supervision of a Local Supervising Authority, geographic areas that are responsible for ensuring supervision is undertaken that meets the NMC Standards. In Northern Ireland, these areas are the Health and Social Services Boards.

A woman can contact the Local Supervising Authority directly if she has concerns about access to midwife care or if she has concerns about standards of care that she has experienced.

Local Supervising Authorities employ Local Supervising Authority Midwifery Officers to act on their behalf and to be an essential point of contact for midwives who seek guidance in relation to their practice or women who require information about local services. The officer provides leadership, support and guidance to Supervisors of Midwives who function within each respective authority and will give guidance to Trust Executives in relation to the provision of Midwifery Services in their hospitals.

Formal on-call arrangements to ensure 24-hour availability of a Supervisor of Midwife were implemented across the SHSSB during 2007/8. A rota of Supervisors of Midwives on call is available within each unit and held by both units’ switchboard operators.

How is the practice of midwives supervised?

Midwives who join the workforce in the Board’s area are informed of the name of their Supervisor of Midwives. There is the opportunity to change supervisors if the midwife so wishes. The Supervisor sends each midwife two booklets, "Information about Supervision of Midwives in the Southern Health and Social Services Board" and "Midwife Held Supervision Profile". These booklets inform the midwife how supervision works in the
Board's area and how the midwife can make the most of supervision for developing her own practice.

Each midwife has an annual supervisory review with her named Supervisor of Midwife and there is almost 100% compliance with the annual supervisory review, the exceptions being those midwives on maternity leave or long term sick leave who will have their review following their return to work. Using the midwife-held Supervision Profile, practice is reviewed, training needs identified and an action plan developed to facilitate the meeting of identified issues. The Supervisor is available at other times to support the midwife with matters relating to the midwife’s practice.

All Supervisors of Midwives within the LSA maintain records of their supervisory activities, including any meetings with a midwife.

In both Craigavon and Daisy Hill, Supervisors of Midwives supervise around 16 midwives each. This is above the NMC’s guidance of a ratio of 1:15, but more students planned for the 2007/8 intake on the Supervisor of Midwives course. From 2007/8, SOMs will be interviewed prior to commencement of the course as happens currently in the rest of the UK.

In 2007, the LSAMO carried out the first LSA Audits of Midwifery Supervision in both Daisy Hill and Craigavon Maternity Units.

The LSAMO meets regularly with the Supervisors of Midwives in the SHSSB. Information is disseminated via the contact supervisors and directly to SoMs on email. The LSAMO has gained support for the proposed joining of the UK-wide LSA database and the training and implementation is planned for 2008/9. The database will allow entry by SoMs of the ITP details and the midwives annual reviews.
Two Supervisor of Midwife conference days are held annually, in the Spring and Autumn. In 2007/8, the theme of both days was ‘Records, Reports and Referrals’ and Mr Leckey, Senior Coroner for Northern Ireland, was the keynote speaker at the November conference (Appendix 1). In addition, a two day medico-legal workshop for SoMs covering ‘Excellence in Statement & Report Writing’ and ‘Witness Skills for Courts, Inquiries & Tribunals’, facilitated by Bond Solon, was held on 7 and 8 February 2008.

The involvement of Supervisors of Midwives in clinical risk management within the Maternity Units is being driven by Supervisors of Midwives allowing for early identification and action to prevent re-occurrence of any clinical concerns or difficulties. This is one example whereby SoMs are taking part in a forum that aims to improve care for women and support and enhance the practice of midwives.

6 Service user involvement in monitoring Supervision of Midwives and assisting the Local Supervising Authority Midwifery Officer with the annual audits

Women and their families influence the provision of the maternity services within the Board. This is done through a Maternity Services Liaison Committee (Daisy Hill Hospital), satisfaction surveys, and exit questionnaires, focus groups, complaints and compliments. Craigavon's MSLC started in March 2007.

Women who are service users will be invited to be part of the annual LSA Audit of both maternity units.

7 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education

QUB provides pre and post-registration education for midwives, which includes the module ‘Preparation of Supervisors of Midwives’. The LSAMO and SoMs are included in the
curriculum planning teams for pre and post-registration midwifery education and in the provision of in-service education for midwives. Non university based post registration training e.g. obstetric emergencies, waterbirth study day, is provided by the Beeches Management Training Centre.

The midwifery teaching fellow responsible for the provision of the Preparation Module for Supervisors at QUB is a Supervisor of Midwives in the SHSSB.

8. New policies related to the Supervision of Midwives

Midwifery Supervision policies and guidelines are under review in the light of the Midwives Rules and Standards (NMC 2004). Supervisors of Midwives are involved in the development of new guidelines and policies for maternity services throughout the Board’s area.

The LSAMO UK Guidelines have been commented on by the relevant stakeholders in Northern Ireland and these comments will complete the comments on the guidance from throughout the UK, feeding into the updated guidance. The website for the most recent version of the guidelines is: http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp

9. Developing trends affecting midwifery practice in the Local Supervising Authority

In total 24,500 births were recorded in Northern Ireland in 2007, 1,200 (5%) more than in 2006. This is the biggest annual increase since 1979 and the fifth annual increase in a row. The 24,500 babies last year compares with a low of 21,400 babies in 2002, but is below the 1980’s when 27,000 babies were born each year (Northern Ireland Statistics and Research Agency 2008).
There are a number of reasons for the increasing number of births. More females in their thirties are having babies, with the birth rate of women in their thirties having increased by over 15% over the last decade. Secondly, significantly more babies are being born here whose mother was born outside Britain and Ireland. Last year 1,900 new mothers in Northern Ireland were themselves born outside Britain and Ireland. This compares with 700 such births in 2001. In particular, last year, there were 800 babies born in Northern Ireland to mothers who were born in the eight new Central and Eastern European EU countries, compared to 10 such births in 2001.

Birth rates in Northern Ireland have risen since 2002 and in the SHSSB since 2003 (Figure 1). SHSSB has consistently higher birth rates compared to the rest of Northern Ireland since 1996.

In December 2006, the Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI) published an audit of acute maternity services, commissioned from Pricewaterhouse Coopers LLP. The purpose of the audit was to examine the economy, efficiency and effectiveness with which acute maternity services are being provided at Trust level. This included workforce analysis. The report is available on www.dhsspsni.gov.uk/audit-maternity-services.pdf and the Executive Summary at www.dhsspsni.gov.uk/audit-
maternity-services-executive-summary.pdf). During 2007/8, the LSAMO and SHSSB SoMs have been involved in the steering group, clinical governance and risk management sub group and skill mix sub group convened by the Chief Nursing Officer in response to this report.

Clinical Activity

SHSSB

Both Craigavon and Daisy Hill experiences cross border maternity care usage, where a small but significant number of women from Southern Ireland, have care and give birth in Northern Ireland.

The theme of rising birthrates continued in 2007/8 with the combined units at Craigavon and Daisy Hill delivering almost 6,000 women (5,987). In both units, there are increasing numbers of women who are not resident within the Board’s area. In Daisy Hill, there has been an almost four fold increase in eight years of women delivering in Daisy Hill who do not live in the SHSSB's geographical area.

There are three reasons for the increase in births observed in the SHSSB:-

Delay in fertility; women are postponing having babies until they are in their 30s.

Increase in the migrant population of the hospital's catchment area resulting in an increase in the number of births to mothers born outside the UK and Ireland.

Increase in the catchment area of the hospital due to the refiguration of maternity services in Northern Ireland. The inpatient maternity services have moved from Downe and Mid Ulster Hospitals. Consequently, more mothers from outside the
Southern Health and Social Services Board (SHSSB) area receive their antenatal care and have their babies in CAH.

The additional births impact on a number of clinical areas in the hospital. Antenatal, outpatient and inpatient activity has increased generally in line with the increase in births.
Developing trends that affect midwifery practice in the Local Supervising Authority.

These include:

- **c. 50%** of the midwifery workforce in SHSSB are over the age of 45 and have the potential to retire within the next 10 years (Appendix 2)
- The number of midwives completing pre-registration training does not meet the demands for recruitment
- Opportunities for the development of Head of Midwifery and other senior midwifery roles.
- Increase in the number of births in the Southern Board area
- The number of caesarean sections
- In response to the increased number of non-nationals coming into the Trust area, the midwives are increasingly accessing the interpreting services and have had a number of health promotion leaflets translated into the most common languages
Developments in the Midwifery Services

Midwives provide a smoking cessation service to women antenatally and in the postnatal period.

Delivery Suite and the Midwifery Led Unit have developed joint guidelines for the Care of Women in Normal Labour, based on NICE guidance.

Midwives have completed training for the neonatal examination of the newborn. They form part of the team providing a service to babies in the Midwifery Led Unit.

Midwives have set up a joint antenatal/parent craft clinic for teenage mothers. This service has been developed in partnership with teenagers’ mothers.

Action Taken by the LSA (SHSSB)

In 2007, the SHSSB requested a caesarean section audit in 2007 in both units and those results will inform the action plan.

In 2007/8, the SHSSB made available £273,573 to the Trust in-year made up of 71% of staff costs (£167,439) identified by CAH in year and 100% of staff costs (£106,134) identified by DHH in year. £350,000 will be available recurrently and a further £350,000 non recurrently in 2008/09.

The non recurring investment in 2008/09 will enable the Board to assess whether the birth trends will persist in the next few years. Capitation funding will be used to fund these developments.
10 Details of the number of complaints regarding the discharge of the supervisory function

There were no complaints regarding the discharge of the supervisory function in 2007/8.

11 Reports on all Local Supervising Authority investigations undertaken during the year

There was one midwifery supervision investigation requested by the LSAMO during this report year.

12 Conclusion

The hospital and community midwifery services have recently amalgamated and the integration and practice development is ongoing.

SHSSB has a ratio of Supervisors of Midwives to midwives (1:16) that is slightly higher than the NMC Standards. The Supervisors of Midwives carry out record keeping audits every year as part of the annual review with each midwife. In 2007/8, the SoMs plan a repeat of the Supervision Roadshows and they have recently initiated a 24 hour rota for contacting a Supervisor of Midwife.

The midwives gave positive feedback on the systems for clinical risk reporting and indicated that cases were presented and discussed at perinatal audit meetings and that direct feedback was given to individuals involved.

There is a need for an allocated Supervisor of Midwife for student midwives and more evidence of all SoMs developing their portfolios to show how they meet NMC PREP requirements for supervision.
Issues identified as concerns were midwifery staffing and a high caesarean section rate. The SHSSB has acknowledged these issues and implemented a range of actions to address this issue.

There have been difficulties with recruitment of midwifery staff and managers at Trust and Board level are working in innovative ways to improve the situation.

Signatures of CEO and LSAMO

CEO SHSSB: Sean H'Veever Date: 9/9/08

LSAMO SHSSB: Verena Wallace Date: 17/9/08
Appendix 1

Northern Ireland LSAs

‘Records, Reports and Referrals’
Supervisors of Midwives Conference
Comfort Inn, Antrim
13 November 2007

0915  Arrival and coffee

0945  Welcome by Chairperson

0945  Welcome by Chairperson  Verena Wallace  LSAMO

1000  Preparing for an NMC Panel Hearing  Liz Bannon  SoM & Member of  NMC Midwifery Committee

1115  Morning Coffee

1130  Preparing to be a witness at a Fitness to Practice Hearing at the NMC  Carrying out a Supervisory Investigation  Clare Capito  SoM, London

1230  Questions
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<tr>
<td>1300</td>
<td>Lunch</td>
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<tr>
<td>1400</td>
<td>Preparing for Coroner's Court</td>
<td>John Leckey</td>
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<td></td>
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<td>Senior Coroner for NI</td>
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<td></td>
<td>Questions</td>
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<td>1500</td>
<td>Afternoon Tea</td>
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<td>1515</td>
<td>Supervisory Investigations and Supervised Practice</td>
<td>Verena Wallace</td>
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### Annual Midwifery Intention to Practise (ITP) forms
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