LOCAL SUPERVISING AUTHORITY (LSA)
ANNUAL REPORT SUBMISSION TO THE NMC

Southern Health & Social Services Board
NORTHERN IRELAND

1 April 2006 – 31 March 2007

September 2007
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<td>Appendix 2</td>
<td>22</td>
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FOREWORD

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 highlighted again in this year’s report. This 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. Three LSAs (Northern, Western & Southern Health and Social Services Boards) appointed a part-time, seconded LSA midwifery Officer (LSAMO) in January 2006. The Link Supervisor of Midwives and all the supervisors have continued to contribute to clinical audit, standard setting, research and evidence based practice.

Throughout the last year, the Nursing and Midwifery Council (NMC) have consulted extensively on the annual registration fee; general entry requirements for pre-registration nursing and midwifery education and the new draft Code of Conduct. The LSAMO and Supervisors of Midwives have contributed to NMC consultations through a variety of forums.

The LSAs, LSAMO, Link Supervisors 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 three Board areas.
I wish to acknowledge the work of the Board’s Link Supervisor of Midwives, all of the supervisors of midwives and the commitment and support given by the Board and Trusts to their role. It is this partnership and effective supervision, embedded in practice that ensures the highest standards of care and best outcomes for mothers and babies.

Verena Wallace
LSAMO
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 therefore 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.

Most 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.
LSA Report

This report follows the outline received from the NMC in June 2007 relating to the presentation required to fulfil rule 16 in the NMC’s Midwives rules and standards (NMC 2004).
**Southern Health & Social Services Board**

**Maternity Services in the Southern Health and Social Services Board**

Supervisors of Midwives supervise midwives in the Southern Health and Social Services Board (the Board) in the four Health and Social Services Trusts’, which provide maternity services.

<table>
<thead>
<tr>
<th>TRUSTS</th>
<th>SERVICES</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craigavon Area Hospital Group Trust</td>
<td>Hospital Maternity Services</td>
<td>Craigavon Area Hospital Group Trust</td>
</tr>
<tr>
<td>Newry and Mourne HSS Trust</td>
<td>Integrated Hospital and Community Services</td>
<td>Daisy Hill Hospital and in Newry and Mourne area</td>
</tr>
<tr>
<td>Craigavon and Banbridge Community HSS Trust</td>
<td>Community Midwifery</td>
<td>Portadown, Lurgan Craigavon and Banbridge areas</td>
</tr>
<tr>
<td>Armagh and Dungannon HSS Trust</td>
<td>Community Midwifery</td>
<td>Armagh and Dungannon areas</td>
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</table>
1. 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.

2. Supervisor of Midwives Appointments, Resignations and Removals

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<tr>
<th></th>
<th>2003-4</th>
<th>2004-5</th>
<th>2005-6</th>
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</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Resignations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Removals</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

There were no trends identified over the previous 3 years.

3. How are midwives provided with continuous access to a supervisor of midwives?

Each midwife is allocated a named supervisor of midwives on an annual basis. Each midwife can select and if they wish, change their supervisor of midwives. All midwives are provided with a local handbook, "Information about Supervision of Midwives in the Southern Health and Social Services Board". The "Midwife Held Supervision Profile" contains all supervisors' names and contact details. The requirement for the supervisor's signature on the NMC's annual Intention to Practice (ITP) form has ensured almost 100% compliance with the annual supervisory review.

Formal on–call and availability arrangements, which ensure 24-hour cover were not in place during 2006/7, but have been implemented at the time if writing this report. During 2006/7, the system for access to a SoM was via the delivery suites at Daisy Hill or Craigavon Area
Hospitals or as described in the profile, ‘if you have an issue and you need professional guidance, and your supervisor is not available, or you wish to discuss this matter with a different supervisor, contact anyone on this list.’

The LSAMO meets regularly with the current Link supervisors of midwives and attends local supervisor of midwives meetings. Information is disseminated via the link supervisors and on email via the LSA (Board) networks. The LSAMO has sought support for the proposed joining of the UK-wide LSA database and this is an ongoing process.

Two SoM conferences are held annually, moving from two days back-to-back in the spring to a conference day in spring and one in the autumn (2007/8) (Appendix 1).

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

4. 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.

Supervisors of Midwives meet at least once a year with the majority of midwives to undertake the annual Supervisory Review. 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 20-25 midwives each. This is above the NMC's guidance of a ratio of 1:15, due to recent retirements and maternity leave, but two midwives are in training, with more students planned for the 2007/8 intake on the Supervisor of Midwives course. From 2007/8 SoMs will be selected through peer/self selection and interviewed prior to commencement of the course as happens currently in the rest of the UK.

5. 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 held a preparatory MSLC meeting in March 2007.

Service users have not, to date, been involved in monitoring supervision of midwives. It is intended that in the future, women who are service users will be part of the annual auditing process involving the NMC and the Local Supervising Authority Midwifery Officer and the first audit of LSA standards for supervision of midwives had taken place at the time of writing of this report. During 2006/7 the part-time LSAMO visited maternity units within the LSA on an informal basis, meeting SoMs and midwives and participating in the regular LSA wide SoM meetings.
6. Engagement with higher education institutions in relation to midwifery education programmes

The four Link Supervisors of Midwives and the LSAMO meet 3-4 times a year with the Associate Head of School of Nursing and Midwifery from Queen’s University, Belfast. QUB provides pre and post-registration education for midwives, which includes the module ‘Preparation of Supervisors of Midwives’. The Link Supervisors influence the supervisory input into midwifery education.

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

Supervisors 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 Unit.

7. New policies related to the supervision of midwives

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 area.

During 2006/7, at the annual study days and via the student Supervisors of Midwives at QUB, the LSAMO gathered user (SoM) preferences on feedback on the draft guidelines proposed for use in NI. These guidelines were circulated in draft form, for publication in 2007/8, when comments from NI’s SoMs have been incorporated.

Currently, the relevant stakeholders in NI have commented on the LSAMO UK guidelines and these comments will complete the comments on the guidance from throughout the UK, feeding in to 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
8. Developing trends affecting midwifery practice in the LSA

Throughout the period of this report, Northern Ireland's Health Service was preparing for the implementation of the Review of Public Administration (RPA). The proposed changes in structure are the most radical change in decades. Developing Better Services is starting to make an impact with the building of new units within the health services.

In December 2006 the Department published an audit of acute maternity services, commissioned from PricewaterhouseCoopers 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](http://www.dhsspsni.gov.uk/audit-maternity-services.pdf) and the Executive Summary at [www.dhsspsni.gov.uk/audit-maternity-services-executive-summary.pdf](http://www.dhsspsni.gov.uk/audit-maternity-services-executive-summary.pdf). The work is ongoing at the time of this report.

Clinical Activity

Craigavon Area Hospital

The number of births is increasing throughout NI and in Craigavon the closure of the Mid-Ulster Maternity Unit in October 2006 had an effect with women transferring their care to Craigavon as well as to the anticipated units of Antrim and Causeway in the NHSSB and Altnagelvin in the WHSSB. Migration from the European Union has increased the need for interpreting and translation services and this is a developing part of the midwife’s work within the SHSSB.
Daisy Hill Hospital

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.
Total Births delivered in CAH & DHH
Irrespective of Residence Area
Financial Year 2006/07

<table>
<thead>
<tr>
<th></th>
<th>Craigavon Area Hospital</th>
<th>Daisy Hill Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Live Births</strong></td>
<td>3582</td>
<td>2028</td>
</tr>
<tr>
<td><strong>Stillbirths</strong></td>
<td>6 (0.16%)</td>
<td>7 (0.34%)</td>
</tr>
<tr>
<td><strong>Normal Vertex</strong></td>
<td>1901 (53%)</td>
<td>1114 (54.9%)</td>
</tr>
<tr>
<td><strong>Caesarean Elective</strong></td>
<td>565 (15.8%)</td>
<td>252 (12.4%)</td>
</tr>
<tr>
<td><strong>Caesarean Emergency</strong></td>
<td>575 (16%)</td>
<td>334 (16.5%)</td>
</tr>
<tr>
<td><strong>Total Caesarean Sections</strong></td>
<td>1140 (31.8%)</td>
<td>586 (28.9%)</td>
</tr>
<tr>
<td><strong>Forceps (low &amp; other)</strong></td>
<td>143 (3.9%)</td>
<td>158 (7.8%)</td>
</tr>
<tr>
<td><strong>Ventouse</strong></td>
<td>334 (9.3%)</td>
<td>142 (7.0%)</td>
</tr>
<tr>
<td><strong>Breech (vaginal)</strong></td>
<td>11 (0.3%)</td>
<td>13 (0.6%)</td>
</tr>
<tr>
<td><strong>Other Cephalic</strong></td>
<td>42 (1.2%)</td>
<td>20 (1%)</td>
</tr>
<tr>
<td><strong>Not Recorded</strong></td>
<td>17 (0.5%)</td>
<td>2 (0.1%)</td>
</tr>
<tr>
<td>Type of Delivery</td>
<td>Live</td>
<td>Still</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Epidurals with vaginal births*</td>
<td>708 (19.8%)</td>
<td>376 (18.5%)</td>
</tr>
<tr>
<td>Epidural/Spinal with Caesarean Section**</td>
<td>1034 (28.9%)</td>
<td>511 (25.2%)</td>
</tr>
<tr>
<td>Neonatal Deaths</td>
<td>16 (0.45%)</td>
<td>6 (0.3%)</td>
</tr>
</tbody>
</table>

* Epidurals with vaginal births - includes, Breech, Forceps, Normal Vertex, Other & Other Cephalic with pain relief of Epidural, Analgesics+Epidural & GA +Epidural

** Epidural/Spinal with C/S includes pain relief of Epidural, Spinal, Analgesics + Epidural & GA + Epidural

** Source: Child Health returns **

**SHSSB Birth Totals (Craigavon Area Hospital, Daisy Hill Hospital, Domicilary) Financial Year 2006/07**

<table>
<thead>
<tr>
<th>Year</th>
<th>Live</th>
<th>Still</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>5610</td>
<td>13</td>
</tr>
</tbody>
</table>

9 (Domiciliary – 4 home births & 5 BBAs)

**SHSSB Birth Totals (Craigavon Area Hospital, Daisy Hill Hospital) Calendar Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Live</th>
<th>Still</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>5077</td>
<td>26</td>
</tr>
<tr>
<td>2004</td>
<td>4981</td>
<td>12</td>
</tr>
<tr>
<td>2003</td>
<td>4549</td>
<td>25</td>
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</tbody>
</table>
Developing trends that affect midwifery practice in the Local Supervising Authority.

These include:

- A significant proportion of the midwifery workforce in SHSSB are over the age of 45 and have the potential to retire within the next 10 - 15 years
- The number of midwives completing pre-registration training does not always meet the demands for recruitment
- The Review of Public Administration (RPA) with 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 (31.8% in Craigavon Area Hospital, 28.9% in Daisy Hill Hospital in 2006/07)
- Women being discharged home earlier
- Rising expectation of women and their families
- Wider choice in the type of midwifery and obstetric care/continuing needs to meet the public health needs of women
- Addressing social needs and deprivation
- Involvement of midwives in Surestart Programmes
- Increasing waterbirth service in Craigavon
- In response to the increased number of black and ethnic minority families 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 language (Portuguese) e.g. Antenatal visiting card; 'Heel prick' test; Reducing the risk of cot death; Contraceptive choices; Breast awareness
Developments in the Midwifery Services

Midwives working in the maternity services have been involved in the implementation of recommendations around standards and guidelines from the Department of Health and Social Services and also:

- BCG administration
- Early pregnancy problem clinic
- Ongoing midwifery led unit (the only Midwife-led unit in Northern Ireland)
- Anti-D prophylaxis for Rhesus D Negative women
- Antenatal Screening.
- Changes to the Newborn Blood Spot Screening Programme
- Neonatal Hearing Screening
- Hall IV (Health for All Children)
- Evening booking and antenatal review clinic (May 2006)
- Increasing midwife led antenatal clinics
- Midwives trained in ultrasound scanning
- Midwife prescribes in the MLU
- Pregnant women with Surestart are now offered Yoga and Reflexology.
- Lay/peer support for breastfeeding
- Baby massage classes are being offered to mothers
- Midwives and Supervisors have an active role in the Clinical Risk Multidisciplinary Group
- Two 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.
- Three 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/parentcraft clinic for teenage mothers. This service has been developed in partnership with teenagers’ mothers.
Training

- Training for midwives in the prevention, detection and management of maternal depression is ongoing.

- Clinical updating in obstetric emergencies and neonatal resuscitation continues as recommended in the Confidential Enquiries.

- Raising awareness of domestic violence with all antenatal women has been integrated into routine practice and is now included in the antenatal midwifery records.

9. Complaints regarding the discharge of the supervisory function

There were no complaints regarding the discharge of the supervisory function in 2006/7.

10. Local supervising authority investigations undertaken during the year

There were no LSA investigations undertaken during this report year.
Signature Chief Executive SHSSB:

Sean McKeever
Chief Executive SHSSB
Tower Hill
Armagh
BT61 9DR

Signature LSAMO SHSSB:

Verena Wallace
LSAMO
Room G46, NHSSB
County Hall
182 Galgorm Road
BALLYMENA
BT42 1QB
Appendix 1

Northern Ireland LSAs

Records, Reports and Referrals
Supervisors of Midwives Conference
Comfort Hotel Antrim
13 November 2007

0915 Arrival and coffee
0945 Welcome by Chairperson

Frances McMurray
Associate Head of School & Director of Education (Midwifery), QUB

1000 Records and Record Keeping

Rosemary Wilson
Barrister & Acting Assistant Director
The Beeches

1115 Morning Coffee

1130 Supervisory Investigations and Supervised Practice

Verena Wallace
LSA Midwifery Officer

1200 Carrying out a Supervisory Investigation

Clare Homeyard
Consultant Midwife and SoM
1300  Lunch

1400  Preparing for Coroner’s Court
      \p{John Leckey}
      Senior Coroner for NI

1500  Afternoon Tea

1515  Workshop
      - Preparing for an NMC panel hearing
         and SoM
      \p{Liz Bannon}
      Greater Belfast Health & Social Care Trust

1630  END
## LSA Audit Visits 2007/8

<table>
<thead>
<tr>
<th>UNIT</th>
<th>Date of visit</th>
<th>Letter to HoM with copy to DN at Board, DN at Trust, Director W&amp;C at Trust, Link/contact SOM – 6 weeks notice this year – 3 months next year</th>
<th>Invite letter to SoM at previous Trust cc link SoM</th>
<th>Reply and further details sent</th>
<th>Invite letter to SoM at next Trust cc link/contact</th>
<th>Reply and further details sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craigavon</td>
<td>6 September</td>
<td>8 August</td>
<td>8 August</td>
<td>8 August</td>
<td>8 August</td>
<td>8 August</td>
</tr>
<tr>
<td>Daisy Hill</td>
<td>27 September</td>
<td>8 August</td>
<td>8 August</td>
<td>8August</td>
<td>8August</td>
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<td>The Erne</td>
<td>4 October</td>
<td>8 August</td>
<td>8 August</td>
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<tr>
<td>The Mater</td>
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<td>8 August</td>
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<tr>
<td>RJMH</td>
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<td>8 August</td>
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<tr>
<td>Altnagelvin</td>
<td>25 October</td>
<td>August</td>
<td>August</td>
<td>August</td>
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<tr>
<td>Lagan Valley &amp; Downpatrick</td>
<td>1 November</td>
<td>September</td>
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<tr>
<td>Antrim</td>
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<td>Ulster</td>
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<td>Causeway</td>
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