



Eastern Health & Social Services Board (LSA)

Annual Report to the Nursing and Midwifery Council

1 April 2007 – 31 March 2008

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LSAM0**

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1. Executive Summary

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

The LSAMO worked in partnership with SoMs and Queen's University Belfast (QUB) Midwifery Department to update the curriculum for the preparation of Supervisor of Midwives in accordance with NMC guidance (Standards for the preparation and practice of Supervisors of Midwives; NMC 2006). The new programme was approved and commenced in February 2008.

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

Two successful conference days for Supervisors of Midwives were held on 9 May and 13 November 2007. The theme on both days was "Records, Reports and Referrals." 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 Eastern 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 support the development of midwifery supervision and 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 EHSSB Maternity Service

Maternity Units

There are four maternity units within the EHSSB/LSA. The units are Royal Jubilee Maternity Service, the Mater Maternity Unit, the Ulster Maternity Unit in Belfast and Lagan Valley Maternity Unit in Lisburn. The community area within the EHSSB encompasses the areas in and around Belfast, Lisburn and North Down.

All the maternity units are consultant led with midwife led elements of the service.

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.

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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 EHSSB, Libraries and it is also available on the Board's website.

4 Numbers of Supervisor of Midwives appointments, resignations and removals

2007/8

Appointments: 4

Resignations: 1

Removals: 0

Year	2002/03	2003/04	2004/05	2006/07
Appointments	0	0	2	2
Resignations	0	0	0	0
Removals	0	0	0	0

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 requirement for the profession whether midwives practise in hospital, the community or privately.

The role of the Supervisor of Midwives is unique to the United Kingdom.

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. SoMs are appointed by the LSA (EHSSB).

Every practising midwife is supervised within a Local Supervising Authority. 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 EHSSB during 2007/8. A rota of Supervisors of Midwives on call is available within each unit and held by the units' switchboard operators.

How is the practice of midwives supervised?

Midwives who notify their ITP in the Board's area all have a named Supervisor of Midwives. There is the opportunity to change supervisors if the midwife so wishes.

Each midwife has the opportunity for an annual supervisory review with her named Supervisor of Midwives and there is almost 100% compliance with the annual supervisory review, the main 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 EHSSB, the ratio of Supervisors of Midwives to midwives is 1:18 which exceeds the NMC's guidance of a ratio of 1:15, but strenuous efforts are being made to support more students 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 2007/8, the LSAMO carried out the first LSA Audits of Midwifery Supervision in all the maternity units in the EHSSB area.

The LSAMO meets regularly with the Supervisors of Midwives in the EHSSB. 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. It will also enhance feedback to the commissioning process for education or training needs.

Two Supervisor of Midwives 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 governance and clinical risk management continues to evolve and develop within the Maternity Units. The aim is to ensure early identification and action prevents 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 a variety of Maternity services user groups ranging from Maternity Services Liaison Committees and smaller community based focus groups to satisfaction surveys, and exit questionnaires, complaints and compliments.

Women who are service users will be invited to be part of the annual LSA Audits in the future.

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.

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).

Birth rates in Northern Ireland have risen since 2002. 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.

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 EHSSB SoMs have been involved in the steering group and sub groups considering clinical governance and risk management and the skill mix sub group convened by the Chief Nursing Officer in response to this report.

Trends that affect midwifery practice in the Local Supervising Authority include:

- The age of the midwifery workforce (Appendix 2)

The increase in the number of births in the EHSSB area
Increasing numbers of caesarean sections

- Increasing number of normal births
- Increasing use of pain relief other than epidural/spinal

Total Births by Maternal Age, EHSSB ~ 2000 - 2007

Age	2001	2002	2003	2004	2005	2006	2007
<13	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	3	1	3	0	3	4	2
15	26	15	9	18	17	10	16
16	61	56	62	51	51	56	53
17-19	564	584	615	603	587	579	574
20-24	1463	1373	1444	1425	1530	1621	1634
25-29	2028	1924	1996	2036	2025	2199	2426
30-34	2469	2351	2364	2442	2263	2456	2512
35-39	1210	1212	1294	1380	1326	1378	1514
40-44	206	228	242	242	243	242	283
45+	14	6	5	3	9	21	11
Unknown							6
Total	8044	7750	8034	8200	8054	8566	9031

Source: Child Health System

Type of Birth, EHSSB ~ 2001 - 2007

	2001	2002	2003	2004	2005	2006	2007
Normal	4807	4621	4819	4743	4650	4987	5131
Caesarean Section	2135	2105	2108	2300	2195	2346	2430
Forceps	435	349	378	415	391	377	517
Breech	48	42	43	35	32	42	38
Ventouse	589	619	568	610	638	650	703
Other	44	19	93	100	154	164	212

Source: Child Health System

Type of Pain Relief, EHSSB ~ 2001 - 2007

	2001	2002	2003	2004	2005	2006	2007
Epidural / Spinal	4016	4103	4059	4121	3812	3860	3895
General Anaesthetic	238	182	164	191	155	159	131
Other	3614	3329	3562	3688	3778	4204	4410
None	188	162	228	187	257	271	250
Not known/recorded	35	13	26	16	58	72	141

Source: Child Health System

EHSSB

Royal Jubilee Maternity Service

The Royal Jubilee Maternity service (RJMS) is the regional referral centre for women with complications in their pregnancy and Northern Ireland's largest maternity service. It also aims to provide a full range of facilities for women experiencing normal pregnancy. The integrated maternity service provides women with a range of choices from home and domino births to hospital based care. The Royal Jubilee Maternity Service is a fetal medicine sub-specialisation centre.

The regional neonatal unit within RJMS provides a full range of care from the preterm to babies with complex needs. The RJMS admission unit is used increasingly as emergency access for obstetrics and maternity related gynaecological patients.

Within the Belfast Trust, RJMS has access to a range of other specialist services such as reproductive medicine, paediatric neurology, neonatal radiology, cardiac surgery and medical genetics. In addition to midwife-led clinics, specialist clinics include in-vitro fertilisation, prenatal diagnosis and genetics and high risk pregnancy.

An overview of the service at Royal Jubilee indicated a rising birthrate (over 5000), increasing use of interpreters confirming the demographic changes of the attendant population and a strong commitment to user involvement in the development of services. Clinical governance is well established with midwives and SoMs are involved in multidisciplinary work to review and improve clinical practice.

The Nursing and Midwifery Council (NMC)'s recommended level of ratio of SoMs to midwives is 1:15 and this is not achieved within this unit. There has been a concerted effort since 2000 to raise the number of SoMs from four to 14. There is scope for more SoMs and the Trust is supporting more midwives to attend the next SoMs course at Queens University Belfast (QUB). The Supervisors of Midwives were seen by

midwives as approachable, accessible and available to midwives as sources of clinical knowledge, support and guidance.

There is strong support of midwives in maintaining clinical competence and the development of new skills aided by the input of the practice educator/SoM. There is a comprehensive induction and orientation programme, extensive user involvement and a wide range of information leaflets for women around evidence based care. Proactive clinical governance is confirmed with the presentation of annual statistics, the use of drill summaries, reflective practice and the development of innovative tools such as the Early Warning score card. The unit uses the 'Dr C Bravado' stamp in its maternity records which is a useful mnemonic for CTG (fetal cardiotocograph) interpretation. There is easy access for staff to e-learning training package on CTG interpretation (K2 package). There is a rolling programme of review of clinical guidelines.

Issues identified were the rising birthrate, the facilities available in what is now an old building for 21st century maternity care, possible workforce concerns as midwives approach retirement age and the need to increase the number of SoMs in RJMS.

The Mater Maternity Unit

The maternity service at the Mater in North Belfast indicated a birthrate of around 1,100, with a recent 10% increase. 11% of births are to teenage mothers and there are parentcraft programmes specific to the needs of women using the service. The unit is consultant led and approximately 20% of bookings are midwife led with strict inclusion and exclusion criteria. Of note is the minimal sick leave amongst the midwives which is a very positive reflection of the service.

There is no neonatal unit, but paediatric cover is provided by a registrar with further support out of hours from a consultant. A wide range of anaesthetic options are available to women and midwives are trained and able to support women through labour using a range of options including water for labour and birth in

the recently opened 'Aqualounge'. The caesarean section rate at the time of the audit was 26%, a decrease of 2%.

Staff promotion meant that the Mater has one Supervisor of Midwives and two awaiting appointment at the time of the audit. The appointments will improve the ratio of Supervisors of Midwives to midwives to almost the NMC's recommended level of 1:15. This increase in SoMs will enhance the continuing development of for example the audit of records at the midwives annual reviews.

The Supervisors of Midwives were seen by midwives as leaders and role models. They were easily accessible and supportive to midwives and students. SoMs are actively involved in clinical governance within the unit and in the extensive, well supported, in house training available for midwives. The unit's midwives are also able to access a range of external courses, for example the Neonatal Advanced Life Support (NALS) course. There is a useful training card record for midwives, regularly reviewed and updated guidelines, IT access to clinical guidance, regular case reviews, skills and drills', multidisciplinary perinatal meetings and reflective practice. There were some excellent examples of information leaflets for example, relating to caesarean section and another on positions in labour.

Issues were the rising birthrate, the environmental facilities and the desire to develop the day assessment unit.

Lagan Valley

The maternity service at Lagan Valley is consultant led with a team midwifery service, midwifery led care and traditional community midwifery. With a birth-rate around 1200, Lagan Valley at the time of the audit had the lowest caesarean section rate in N.Ireland at 15%, achieved after focused, multidisciplinary team work.

The maternity service has a Strategy for the Supervision of Midwives 2007-2010 (SEH&SCT 2007) that establishes the

direction for midwifery supervision in the new Trust. The service delivers women centred maternity care to the women of Lisburn City, Downpatrick and the surrounding areas.

The maternity unit had good examples of an information booklet for women, training records for staff (ISATS training record), maternity hand held notes and attendance signatory lists for meetings. A clear flow chart identified the difference between managers and supervisors of midwives and SoMs work with the practice development midwife to update guidelines and improve practice. The team at Lagan Valley had recently received a national award for leadership.

The Supervisors of Midwives were perceived as respected, experienced midwives who were supportive, approachable and easily available for midwives.

The debate around the longer term maintenance of maternity services at Lagan Valley continues.

The Ulster Maternity Service

The Ulster's new maternity building in East Belfast is very impressive; in particular the home from home unit and the artwork throughout the new facility. The input of the midwives and other staff is evident in the attention to detail and the result is modern, innovative maternity facilities for women and their families.

The supervisors are seen by the midwives as approachable and 'on the ground', with midwifery management providing leadership. Currently, although there were eight SoMs, with one awaiting appointment and one on maternity leave, one supervisor of midwives carried a large caseload, so there is an opportunity to redistribute the caseload to improve the ratio of SoMs to midwives.

There was access to 'skills and drills' training and external courses such as the Advanced Life Support in Obstetrics

(ALSO), as well as good involvement of SOMs and midwives in clinical governance activities and the development and review of evidence based practice guidelines.

There were excellent examples of SoMs involvement in practice development. This included individual practice development proformas developed by one of the SoMs, the website, reflective practice in groups and community midwifery inclusion in 'skill and drills' training.

Issues were recruitment and retention of midwives and the age of the midwifery workforce. The service is keen to ensure the home from home unit maximises its potential within the service.

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 maternity services within the EHSSB area continue to develop following integration and amalgamation resulting from the formation of new Trusts within the EHSSB in 2007/8.

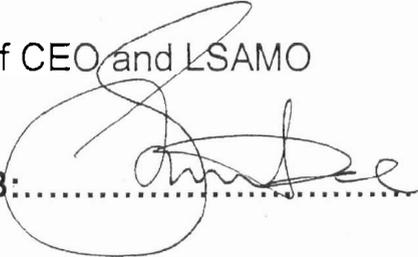
EHSSB has a ratio of Supervisors of Midwives to midwives (1:18) that is slightly higher than the NMC Standards, but more midwives are being supported to undergo the Supervisors of Midwives course at QUB.

All units within the EHSSB have a system in place to contact a Supervisors of Midwives at any time. The midwives gave

positive feedback on the systems for clinical risk reporting and feedback.

Issues were midwifery staffing and facilities. There have been difficulties with retention of midwifery staff and managers at Trust and Board level are working to improve the situation.

Signatures of CEO and LSAMO

CEO EHSSB:  Date: 21.10.08

LSAMO EHSSB: *Verica Wallace* Date: 20.10.08

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

1230	Questions	
1300	Lunch	
1400	Preparing for Coroner's Court	
	Questions	John Leckey Senior Coroner for NI
1500	Afternoon Tea	
1515	Supervisory Investigations and Supervised Practice	Verena Wallace LSAMO
1630	END	

**Annual Midwifery Intention to Practise (ITP) forms
May 2008**

	EHSSB	WHSSB	NHSSB	SHSSB	Total
Total Number of Midwives on ITP Database	648	256	228	279	1411
Number of Midwives working full time	242	116	81	76	515
Number of Midwives working part time	406	137	147	203	893
Not stated whether F/T or P/T		3			3
Number of Midwives identifying themselves as SoMs	36	17	21	16	90
Number of Midwives age 55+	71	44	34	61	210
Number of Midwives age 50-54	119	45	46	68	278
Number of Midwives age 45-49	153	64	57	50	324
Number of Midwives age 40-44	114	40	35	40	229
Number of Midwives age 35-39	94	27	21	29	171
Number of Midwives age 30-34	72	25	24	19	140
Number of Midwives age 25-29	24	11	11	12	58
Number of Midwives age 20-24	1	0	0	0	1