



## **The Local Supervising Authority Midwifery Officer's Annual Report**

**01 April 2008 – 31 March 2009**

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## **1. Introduction**

This report covers the period from 1st April 2008 to 31st March 2009 and covers supervision of midwives' activities within the respective Trusts and Universities that provide clinical care and education activities for maternity services in Northern Ireland.

The report specifically is produced to meet the requirements of Rule 16 of the Nursing and Midwifery Council (NMC) Midwives Rules and Standards (2004). The appendices of the report contain information regarding trends around clinical activity, workforce and supervisory activities within Northern Ireland.

## **2. Nursing and Midwifery Council**

The Nursing and Midwifery Council was established under the Nursing and Midwifery Order 2001 as the body responsible for regulating the practice of both these professions. Articles 42 and 43 of the Order make provision for the practice of midwives to be supervised. The purpose of supervision is to protect the public and to support the enhancement and development of best midwifery practice. The local bodies responsible for the discharge of these functions are the Local Supervising Authorities (LSA's).

## **3. The Local Supervising Authority**

Within the Order, the LSA has a statutory responsibility to:

- Exercise general supervision in accordance with the legislation in the Midwives Rules and Standards. (2004)
- Report to the Nursing and Midwifery Council a midwife where fitness to practise is impaired.
- Suspend from practice a midwife where the Midwives Rules have been contravened as determined by the Midwifery Officer

In Northern Ireland during the period described in this report, the four Health and Social Services Boards were the designated LSAs.

The Local Supervising Authority Midwifery Officer in Northern Ireland was an employee within the Northern Health and Social Services Board (NHSSB) reporting to the Director of Nursing and Consumer Services. The four Chief Executives were accountable for the function of the LSA.

### **Update:**

At the time of sign off of this report, following a restructure of the Health Service in Northern Ireland (the Review of Public Administration) the LSA function is now held by the Public Health Agency (PHA) which replaces the four previous LSAs. The LSAMO links to the Director of Nursing and Allied Health Professionals and the Chief Executive of the PHA.

## **4. The Midwives Rules and Standards (2004)**

The Midwives Rules and Standards (NMC 2004) provide guidance to support the legislation and framework for the practice of midwifery and statutory supervision of midwives in the United Kingdom. Of these there are 54 rules

which the LSAs must fulfil. The LSA Midwifery Officer must ensure that these rules are met on behalf of the LSA and enable mechanisms whereby the LSAs and the Nursing and Midwifery Council (NMC) are assured.

The framework for the statutory supervision of midwives provides a mechanism for support and guidance for midwives. Supervision can be pivotal in leading changes in practice to enable excellence and maintain the highest practice standards in order to ensure that the wellbeing and health of mothers and babies is protected.

### **Map of Northern Ireland**



## **5. Trusts providing Maternity Services**

The four LSAs in Northern Ireland covered counties Fermanagh, Armagh, Tyrone, Londonderry, Antrim and Down.

The population of 1,759,100 (Registrar General 2008) live in a mainly rural area of 14,160.5 km<sup>2</sup>

Belfast is the largest city and approximately half of the midwives in Northern Ireland work in and around the greater Belfast area.

There are 5 Trusts providing Maternity Services in Northern Ireland. Each Trust has two maternity units on separate sites. All the services are consultant led.

The five Trusts are:

Northern Trust – maternity units at Antrim and Causeway (Coleraine)

Southern Trust – maternity units at Craigavon and Daisy Hill (Newry)

Western Trust - maternity units at Altnagelvin (L'Derry) and The Erne (Enniskillen)

Belfast Trust - maternity units at Royal Jubilee and the Mater

South Eastern Trust - maternity units at the Ulster (East Belfast) and Lagan Valley (Lisburn).

The largest Trust providing Maternity Services is the Belfast Trust with 6,780 births across the two sites, the Royal Jubilee and the Mater Infirmoram.

The smallest Trust is the Western Trust with 4088 births. The two maternity facilities in this Trust are 72 miles apart.

Historically, Northern Ireland has not had ethnically diverse communities and this is an emerging challenge for rural areas and towns such as Dungannon, which now have East European populations settling within the community.

**Births, Midwives and Ratios for Health and Social Care Trusts in Northern Ireland. Compiled by LSAMO in November 2008.**

TRUST	Births	Midwives WTE; ( ) = total	Ratio Births: Midwives (1:29.53)	Midwives per 1000 births (36)
<b>Belfast Health and Social Care Trust</b>				
Royal Jubilee Maternity Hospital & Community	5573	217.3}	1:25	39
Mater Hospital*	1207 (6780)	32.9} (250.2)	1:36 (1:27.09)	27 (36.9)
<b>Northern Health and Social Care Trust</b>				
Causeway Hospital & Community	1389	63.45	1:22	46
Antrim Hospital & Community	3101 (4490)	124.15	1:25	40
<b>South Eastern Health and Social Care Trust</b>				
Ulster Hospital & Community	3024	116.93	1:26	39
Lagan Valley Hospital & Community	1190 (4214)	40.35}	1:23	44
Downpatrick Hospital & Community LV &D	-	12.54} (52.89)		
<b>Southern Health and Social Care Trust</b>				
Craigavon Area Hospital	3798	123}	1:25	40
Craigavon & Banbridge Community	-	14.60}		
Armagh & Dungannon Community	-	15.32} (152.92)		
Daisyhill Hospital & Community**	2199 (5997)	69.79	1:22	32
<b>Western Health and Social Care Trust</b>				
Altnagelvin Hospital & Community**	2793	82.43	1:33	30
Erne Hospital & Community**	1295 (4088)	59.65	1:22	46
<b>Total</b>	<b>25569</b>	<b>972.41</b>	<b>1:26</b>	<b>38</b>

\* The Mater does not have community midwives; community is provided by RJMH

\*\*Possibly less postnatal community work as border area.

Sources:

Births: DHSSPS Hospital Statistics; Midwives: Funded establishment maternity staffing figures Northern Ireland 30.6.08. DHSSPS Review of Skill Mix in Maternity Services in Northern Ireland. Final report 27 August 2008.

Ratio: (1:29) [www.birtherateplus.co.uk](http://www.birtherateplus.co.uk) and midwives per birth (36/1000), The Healthcare Commission

## 6. The 2008 - 2009 Supervisory Year

The incumbent LSAMO was previously seconded part time for just over a year to three HSSBs (Northern, Western and Southern) during 2006-7. That period allowed an introduction and orientation to the province, the Supervisors of Midwives (SoMs), the good work already in place around supervision of midwives and an opportunity to prepare an ongoing programme for supervision. The fulltime, permanent LSAMO for N Ireland was appointed for all the four LSAs in May 2007. An initiative established during this time was an on call rota for supervision of midwives across the LSAs in Northern Ireland ensuring that SoMs could be contacted at any time.

In 2007-8 the first LSA audits commenced. A programme of LSA Audits was set up and facilitated from September - December 2007. Queens University Belfast (QUB) reviewed the Preparation of Supervisor of Midwives (PoSoM) course and midwives moved to a system of choosing rather than being allocated a SoM and the process was initiated where potential SoMs may be peer nominated.

The LSAMO and one of the Teaching Fellows and SoMs from QUB were contributing authors in 'Statutory Supervision of Midwives – a resource for midwives and Mothers' (NMC/Quay books 2007).

The LSAMO had access to four offices located in each of the four HSSB headquarters, but was based in the Northern Board HQ in County Hall Ballymena. This provided shared administration and secretarial support, secure storage for confidential information archived in paper and electronic format. It also provided the support network of the Board infrastructures such as conference facilities, IT support for the data systems and access to various stakeholders. Study days and conference were arranged and facilitated for SoMs throughout the year.

In 2008-9, the second LSA audits were carried out between September-December 2008. The process of the LSA audits is in appendix 1.

The PoSoMs course students as well as having the option of peer nomination were interviewed prior to the commencement of the course (Standards for the Preparation and practice of Supervisors of Midwives NMC 2006). The summary findings of the evaluation of the course in March 2009 were:

**“This Preparation for Supervisor of Midwives Programme provides high quality, robust preparation programme for the statutory role of Supervisor of Midwives.”**

Courses are approved and monitored by the NMC to make sure that the education and training on offer relating to midwifery in N Ireland meets the

NMC standards (NMC website: [www. nm-uk.org](http://www.nm-uk.org)). Examples are:

The Beeches Management Centre  
The Queens University Belfast  
Midwives

Return To Practice Midwifery  
Preparation of Supervisors of

University of Ulster

Registered Midwife  
Independent and Supplementary Nurse  
Prescribing

### **LSA Database**

One of the key priorities in 2008-9 was the initiation of the National LSA database for use in N Ireland. This database was commissioned with support from the Chief Nursing officer for Northern Ireland and the Boards' Directors of Nursing and Chief Executives. This is an electronic mechanism that assists all Supervisors of Midwives to directly enter data and information pertaining to their role on to an archiving and interactive framework that is accessed via a national website.

The LSA Database originated from LSA London and has been rolled out across almost all of the LSAs in the UK.

#### **Update:**

All ITPs were entered onto the database in the spring of 2009 (see appendix 7), allowing electronic upload to the NMC in March 2009. A brief training programme for SoMs followed so that supervisors of midwives are able to carry out this function from the 2009-10 submissions of midwives' Intentions to Practice (ITPs).

### **LSA Website**

A LSA website was drafted and commented on by SoMs during 2009 and prepared in advance for use in the new LSA (the PHA). This website will be formally launched at the SoMs study day in October 2009 and then placed on the [www.midwife.org.uk](http://www.midwife.org.uk) website which is the national site for the LSA Midwifery Officers Forum (UK).

## **7. Nursing and Midwifery Council Reviews of the WHSSB and the NHSSB LSAs**

The Nursing and Midwifery Council has responsibility under The Order for setting and monitoring the rules and standards as to how the LSA carry out their role in relation to Statutory Supervision of Midwives. As part of this mechanism, any concerns that may impact upon the protection of women and their families from poor practice or upon the suitability of any clinical environment as a safe and supportive place for the provision of care or as an

appropriate learning environment for pre-registration midwifery or nursing students should be made known to the Council.

The NMC already has some mechanisms in place which enable it to verify that standards for Statutory Supervision of Midwives and the function of the respective LSAs are met. However, the NMC is also required to assess the function of the LSAs against the 54 standards detailed in the Midwives rules and standards (NMC 2004).

The NMC decided to review two LSAs in N Ireland during 2008-9, the WHSSB and the NHSSB. This was due to high risk scores following analysis of the 2006/7 LSA reports (which pre-dates the appointment of a fulltime LSAMO), and the NMC's knowledge of external reviews of maternity services in both Boards relating to maternal and infant deaths resulting in coroner's inquests.

The visits took place in January and February 2009 and prior to the visit, the auditing team were informed by the NMC's risk register compiled from the previous Local Supervising Authority Annual Reports.

In both reviews, the review team visited one of the associated Trust's maternity units, namely Altnagelvin in the WHSSB and Antrim in the NHSSB. The review team met with mothers, representative of lay organisations, midwives, Supervisors of Midwives, midwifery managers, Trust senior management teams and the senior management teams at the Boards. The reviews enabled the team to triangulate the information received prior to the review.

Reports with recommendations for the LSA to consider were produced by the NMC and disseminated to the Chief Executives of the Boards, the LSAMO and published on the NMC website. The two reviews are available to view on the NMC website [www.nmc-uk.org](http://www.nmc-uk.org) and the subsequent action plan agreed with the new LSA are in Appendix 2.

The themes of the recommendations included:

- Supervisory processes
- Supervisory Guidelines
- Training for SoMs on investigations
- Supervisory records
- Support for the framework of supervision
- Service users
- Annual report
- Promote robust clinical governance
- Publication
- Women centred care and evidence based practice

It is expected that the NMC will assess progress with the action plan during 2009/2010. Many of the issues are already addressed and/or are part of the LSAs continuing education programme for SoMs in 2009-10.



Examples of the programmes from the 2008-9 SoMs study days on 'A&E for SoMs - Accountability and Evidence for Supervisors of Midwives' are included in appendices 3&4. Approximately 40 SoMs or trainee SoMs attend each study day. Examples of feedback from the evaluations are included in the appendices.

Two 2 day Bond Solon ([www.legal training days for SoMs](http://www.legaltrainingdays.co.uk)) were funded by the LSAs on 7 & 8 February 2008 and 30 April and 1 May 2009 on 'Excellence in Statement/Report writing' and 'Witness Skills Training'. The courses are facilitated by a barrister, evaluate very well and will be repeated in the next year.

"Participants gain knowledge of the procedures involved in giving evidence, the roles of the different people involved, what is expected of them and what preparation they can do. The various problems that can arise in cross-examination and how to handle them are considered. The workshop culminates in mock cross-examination. This enables participants to experience the process and learn in a safe and supportive environment. The lawyers leading the workshops combine practical experience in law with a real understanding of the concerns and misapprehensions of witnesses. This will ensure that delegates are equipped with the knowledge and skills to deal with cross examination comfortably and effectively. By arranging this workshop, organisations demonstrate that they are providing the support required for their staff, and at the same time enhance the credibility of the witness."

"Written evidence is vital. Good written evidence can save a court appearance and legal costs. It must be clear, succinct, professional and well presented. We clarify the purpose of statements and reports, and how they will be used. Delegates will receive constructive feedback on their writing style and what the formal requirements are. Statement & Report Writing is a one-day course that allows all health care professionals to look at what lawyers and the courts want from their documents. We ask up to 6 delegates to bring their own documents from completed cases. They receive feedback from our experienced solicitor or barrister trainer and from others on the course. Health care professionals are taught how to assess others' documents and then how to assess their own. They are given a sample statement, report formats and case studies. They will learn the skills needed to create their own personalised format suited to their field by using the information received during the training."

*[Taken from [www.clt.co.uk/brochures/Medico-Legal](http://www.clt.co.uk/brochures/Medico-Legal)]*

Comments from SoMs when asked in the feedback 'How do you intend to change your practice?' included:

- 'Become more focussed in report writing and statement writing using skills and structured format outlined to-day'
- 'Record keeping... of paramount importance on a daily basis....'

- ‘To take on board the guidance in relation to report/statement writing’
- ‘Adhere to pointers given by lecture eg facts/issues/opinion’

## **8. The Local Supervising Authority Midwifery Officer’s Report**

The LSA report is informed by various processes at the midwifery officer’s disposal and includes:

### **LSA Activities**

- Study Days and Conference Events
- LSA meetings with Contact Supervisors of Midwives
- LSA meetings with Supervisor of Midwives from respective Trusts
- LSA Meetings with Heads of Midwifery (HoMs) and Lead Midwives
- LSA annual audits
- LSA meetings with Trust Directors of Nursing (via DHSSPS strategic reference group)
- LSA data and statistics collation
- Informal visits to respective maternity units
- Meetings with Commissioners of Maternity Services
- Meeting with CEMACH and Public Health medical leads

**Information can be gathered day to day during interface and relations with:**

### **Practitioners**

- Midwives
- Supervisors of Midwives
- HoMs and Lead Midwives
- Lead Midwives for Education and Practice Educators
- Obstetricians and other physicians
- Directors of Nursing and other Board Executives

### **Parents and Families**

- Mothers and Fathers
- Lay and User Representatives

### **Professional Bodies and Stakeholders**

- Nursing and Midwifery Council
- Royal College of Midwives
- Local Supervising Authority Midwifery Officers National Forum
- Maternity Leads with the LSA

### **National Agendas and Published Reports**

- RCOG: Standards for Maternity Care
- Kings Fund Report: Safe Births
- Health Care Commission: Women’s Experience of Maternity Care in England
- CEMACH: Saving Mothers Lives

## **9. Contemporary Issues**

A number of reports published during the 2008-9 supervisory year were relevant to Northern Ireland's LSAs. These included:

VFM Audit of acute Maternity Services – Action of Recommendations  
DHSSPS September 2008

Confidential Enquiry into Maternal and Child Health – Perinatal Mortality 2006  
(CEMACH April 2008)

Supervision, support and safety (NMC 2008)

### **The LSA Audit Cycle**

The Midwives rules and standards (2004) set standards for the LSA regarding the supervision of midwives. This is to ensure that mothers and babies receive the best care from midwives.

The LSA has various methods to assess the standards of supervision of midwives and in enabling benchmarking against the 54 midwives rules and standards. These various audit methods enable the LSAMO to complete the Annual Report to the NMC.

### **LSA Information Archiving**

The LSAs in 2008/9 held a number of databases (4) that dealt with midwives who submit their Intention to Practise.

### **Update**

The LSA now uses the national LSA database.

### **Workforce and Clinical Outcome Trends**

The LSA compiled a workforce analysis table in November 2008 giving the numbers of midwives and analysing by accepted standard ratios (Birthrate Plus and Healthcare Commission).

### **Clinical Activity**

This information is available from [www.nisra.gov.uk/demography](http://www.nisra.gov.uk/demography). The summary is below:

In total 25,600 live births were registered in Northern Ireland in 2008, 1,200 (5%) more than in 2007 and the highest number recorded since 1991. The latest rise is the sixth consecutive annual increase, with births having increased by 10% since 2006 and by 20% since the 2002 low.

These findings are contained in 2008 birth statistics from the Northern Ireland Statistics and Research Agency (NISRA - [www.nisra.gov.uk/demography](http://www.nisra.gov.uk/demography)).

Throughout the 1990s the number of babies fell as more women in their twenties delayed having children. Today those women are now having babies in their thirties with the birth rate of women in their thirties having increased by nearly a quarter over the last decade.

Increased migration to Northern Ireland has also had an impact on the number of children born. Last year 2,300 babies were born to mothers who were born themselves outside the United Kingdom and the Republic of Ireland, a three-fold increase from 2001 when 700 such babies were recorded. In large part this increase is accounted for by the 1,100 babies born in Northern Ireland last year to mothers born in the eight new Central and Eastern European EU countries; this compares with 10 such babies in 2001.

- In 2008, there were 25,631 births registered to mothers resident in Northern Ireland. This is a 5% increase on the 2007 figure of 24,451 births. However the number of births registered in 2008 remains below that observed in the mid-1980s when around 27,000 births were registered each year;
- a total of 10,988 births (43%) were to first time mothers in 2008, while second time mothers had 8,377 babies (33%) and third time mothers had 4,041 babies (16%). Only nine per cent became mothers for at least the fourth time;
- just over 100 babies were born on Wednesday 17 September, the largest number of births on any single day in 2008. The most common day of the week to have a baby was Wednesday, accounting for 16% of all births. Markedly fewer babies were born on Saturdays (11% of all births) and Sundays in 2008 (10% of all births); and
- around 100 babies were born in places other than a hospital in 2008, a similar figure to 2007.

### ***Mother's Age***

- Almost half (49%) of all births registered in 2008 were to mothers aged 30 or over. This is a significant increase from thirty years ago when around 31% of births were to older mothers. This indicates that women are delaying child-bearing to later in life – a trend seen across the developed world;
- looking at first births this trend is even more pronounced. In 1978, only around 13% of married mothers aged 30 and over were first-time mothers, while in 2008, 28% of married mothers aged 30 and over were first-time mothers;
- in 2008 the average age of mothers was 29.7 years, compared with 29.0 years in 1998, 27.6 years in 1988, and 27.4 years in 1978. The average age of first time mothers was 27.4 years last year compared with 24.5 years in 1978;

- the trend to later childbearing is most apparent in the decline in fertility among 20-24 year old females. Over the past three decades fertility for this age group has more than halved, from 142 births per 1,000 women aged 20-24 in 1978 to 66 births per 1,000 women aged 20-24 in 2008; and
- the number of births to teenage mothers has fallen in recent years. In 2008 there were 1,426 births to teenage mothers, a small increase on the 1,405 births in 2007, and a decrease of more than 20% from the recent high of 1,791 such births in 1999.

### ***Fertility Trend***

- for the first time since falling below replacement level in 1992 the total period fertility rate for 2008 has again reached replacement at 2.10 children, which is a recovery from a record low of 1.75 children in 2000. However this fertility rate is still well below the levels witnessed in the 1980s. The total period fertility rate for Northern Ireland since 1978 is shown in Chart 1 below; and
- in 2007 Northern Ireland's total period fertility rate was 2.02, higher than those in England (1.92), Scotland (1.73) and Wales (1.90) and slightly lower than the Republic of Ireland (2.03). Comparable statistics for 2008 are not yet available for all countries.

### ***Country of Birth of Mother***

- There were over 4,500 births registered in Northern Ireland during 2008 where the mother was not born in Northern Ireland (18% of all births). Just under half (48%) of mothers not born in Northern Ireland were either born elsewhere in the United Kingdom or in the Republic of Ireland (2,189 mothers);
- however births to mothers born outside the United Kingdom and the Republic of Ireland have risen markedly in recent years, from 586 such births in 1998 to 2,347 births last year. Within these figures there has been a large increase in births to mothers born in the eight countries that joined the European Union in 2004 – the A8 countries (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia). Around 10 babies were born to A8 mothers in 2001 compared to nearly 1,100 such births in 2008;
- generally mothers born in the A8 countries are younger than their Northern Ireland born counterparts. Last year, 75% of A8 mothers were aged in their twenties compared to 45% of mothers born in Northern Ireland. This is likely to be the result of the age profile of A8 born women living in Northern Ireland

- the percentage of births to mothers born outside the United Kingdom and the Republic of Ireland ranged from 21% (1 birth in every 5) in Dungannon Local Government District (188 births) to 2% in Larne and Strabane Local Government Districts. Antrim, Belfast, Coleraine, Cookstown and Craigavon Local Government Districts also exhibited high percentages of births (over 10%) to mothers born outside the United Kingdom and the Republic of Ireland.

### ***Births Outside Marriage***

- Last year, 39% of all registered births occurred outside marriage – an increase on the 2007 figure (38%) and the highest proportion on record. This compares with one in seventeen births (6%) occurring outside marriage in 1978;
- last year just under 10,000 babies were born outside marriage compared with 1,500 babies born outside marriage in 1978;
- in 2008, of the births outside marriage, over three-quarters (79%) were jointly registered by both parents. The remaining 21% were registered by the mother only; and
- the percentage of births outside marriage differs across Northern Ireland. Last year over half of all births in Belfast (57%) and Derry (50%) Local Government Districts occurred outside marriage. In contrast under one quarter of births in Magherafelt and Omagh (both 24%) Local Government Districts occurred outside marriage.

### ***Births by Area***

- At Health and Social Services Board level, birth rates ranged from 14.0 births per 1,000 population in the Eastern and Northern Board areas to 16.0 births per 1,000 population in the Southern Board area. The birth rate in the Western Board was 14.4 births per 1,000 population;
- Dungannon and Magherafelt Local Government Districts had the highest birth rate of all the Local Government Districts in 2008 with 16.5 births per 1,000 population while the lowest birth rate was in Larne Local Government District at 10.7 births per 1,000 population; and
- the total period fertility rate for the three year period 2006-2008 ranged from 2.24 children in Craigavon Local Government District to 1.79 children in Belfast Local Government District. The Northern Ireland total period fertility rate for this three year period 2006-2008 was 2.01 children.

### ***Births to Non-residents***

- Births are assigned to the usual place of residence of the mother and this press release excludes births to non-Northern Ireland residents as these will not be included in the population estimates. In 2008, there were 621 births registered where the mother was not resident in Northern Ireland;
- the number of births to non-Northern Ireland residents has been stable at around 500 births for the last three years, so 2008 sees an increase of around 100 additional births to non-Northern Ireland residents; and
- over 95% of births to non-Northern Ireland residents are to mothers from the Republic of Ireland.

### **Births by Place of Birth**

- Almost all births take place in a hospital, with just under 100 babies being born in places other than hospitals in 2008;
- the number of births in Northern Ireland since 2002 has increased by 20 per cent and with the exception of maternity unit closures the number of births in each hospital has also increased over this period. In the Antrim, Craigavon and Ulster Hospitals increases have been greater at over 35 per cent; and
- the increase in Antrim Area Hospital is in part due to the closure of the maternity unit in the Mid-Ulster Hospital and the increase in the Ulster Hospital may be due to the opening of a new maternity unit in 2007.

### **Deaths**

There were three maternal deaths directly or indirectly related to pregnancy throughout N Ireland in 2008/9. This compares well to 6 in 2006/7 and 4 in 2003-5. Notifications to CEMACH increased for 2007, largely due to better ascertainment of deaths unrelated to pregnancy, but those deaths before 42 days postpartum due directly or indirectly to pregnancy have not changed significantly from 2003. (CEMACH – personal correspondence).

The CEMACH 2006 figures (Perinatal Mortality CEMACH 2008) show reduction for neonatal mortality for 2006 nationally and for Northern Ireland.

The LSAMO was informed of the deaths and supervisors of midwives involved in the investigations. SoMs now use the LSA National Forum (UK) guidelines for the statutory supervision of midwives. Guideline L 'Guidelines for an investigation of a midwife's fitness to practise' has led to a marked improvement in the standard of investigation carried out by Supervisors of Midwives. Each case had learning points but did not indicate a programme of supervised practice for midwives as a result of the investigation.

The LSAMO met with CEMACH during the supervisory year and CEMACH were invited speakers at the two SOMs conference days. In addition, LSAMO and CEMACH met with the leads for public health medicine and nursing in the NHSSB to ensure awareness and action arising from the issues.

### **Update**

To meet the new LSA's needs in the context of maternity services from 2009-10, SoMs will be asked to provide the information relating to their service, backed up by the Child Health system(s). The SoMs will also be asked to provide the LSA with a summary of their service following a standard proforma. Both proposed new forms are in appendices 5 & 6.

### **LSA Audit Process & Methodology**

The Annual Trust Audit cycle is a key process in informing the LSA about regard the performance of individual supervisors and teams of supervisors in carrying out their role.

### **10. The LSA Audits**

In 2008-9 the LSA audit dates were as follows:

<b>LSA</b>	<b>2008/9</b>
<b>Northern Board</b> <u>Northern HSC Trust</u> (split site visit) Day 1 – <b>Causeway</b> Day 2 – <b>Antrim</b>	<b>November</b>  27.11.08 28.11.08
<b>Southern Board</b> <u>Southern HSC Trust</u> (split site visit) Day 1 – <b>Daisy Hill</b> Day 2 – <b>Craigavon</b>	<b>July</b>  17.7.08 18.7.08
<b>Western Board</b> <u>Western HSC Trust</u> (split site visit) Day 1 – <b>The Erne</b> Day 2 – <b>Altnagelvin</b>	<b>June</b>  19.6.08 20.6.08
<b>Eastern Board</b> <u>Belfast HSC Trust</u> (split site visit)	<b>September</b>



Day 1 – <b>The Mater</b>	11.9.08
Day 2 – <b>RJMH</b>	12.9.08
<u>South Eastern HSC Trust</u> (split site visit)	<b>October</b>
Day 1 – <b>Lagan Valley (+ Downpatrick)</b>	30.10.08
Day 2 – <b>The Ulster</b>	31.10.08

SoMs were invited to take part as auditors and this year the audits were a combination of formal and informal audits.

Lay reviewers were not included as part of the audit team, but initiating training and involvement of users in the LSA audits is part of the work plan for 2009-10. Not all maternity services in NI have had Maternity Services Liaison Committees or users groups, but the Department of Health, Social Services and Public Safety (DHSSPS) is developing guidelines which mean that from 2009-10 each Trust /maternity unit in NI will have a linked maternity services user group (MSLC) and hence a potential source for user involvement in the LSA audits. Other sources are the lay organisations such as the NCT and

Northern Ireland uses the National 5 Standards for Supervision of Midwives. These can be located at [www.midwife.org.uk](http://www.midwife.org.uk) and have been compiled by the National LSAMO Forum (UK). An example of the audit tool in use in N Ireland is given in appendix 1.

For a formal audit the audit team consists of.

- The LSAMO
- Two supervisor of midwives form other maternity units/university/other environments working in a clinical environment
- An observer or student supervisor of midwives

On each audit day the team met with users on the wards plus with any users' group representatives who were available to attend.

### **The Practice of Supervision of Midwives**

This component of the report describes the practice of supervision which demonstrated excellence and effective leadership that were apparent during the supervisory year. Areas for development are described and these points are collated from the LSA Annual Audits and other LSA contact opportunities and feedback throughout the supervisory year

### **Commendations:**

There is good evidence in most areas of N Ireland of working in partnership with parents/users of the maternity services.

One Trust has a Supervisors of Midwives webpage for their own supervisory activities. The introduction of the National LSA Database will strengthen this with the supervisors now being able to work directly from the website and moving away from paper storage.

There are strong collaborations between supervisors working with universities and those supervisors working with service providers. This makes for an enhanced standard of supervised and developmental practice programmes.

Four of N Ireland's five Heads of Midwifery are SoMs, as are two Assistant Directors and a senior midwife in the DHSSPS with responsibility for maternity services. All still maintain their supervisory function.

## **11. Midwives Rules and Standards: Rule 16**

### **Process prior to Publication and Presentation of the Report Findings**

The report in its draft form was circulated to the Public Health Agency Management Team (AMT) in before final presentation to the Public Health Agency Board on 15 October 2009.

A copy of the report is signed by the Chief Executive and the Local Supervising Authority Midwifery Officer prior to electronic submission to the Nursing and Midwifery Council by 30th September 2009

The report will then be tabled at the following meetings which make up routine contact groups that regularly interface with the Local Supervising Authority Midwifery

Officer:

- Contact SoMs meeting November 2009
- Stakeholder group with LMEs, HoMs, DHSSPS Midwifery Officer and midwife member of the NMC's midwifery committee
- Supervisor of Midwives Meetings
- LSA Conference and Study Events

The report will be disseminated to all Trusts, Commissioners of maternity services, Course Leaders for the Preparation of Supervisors of Midwives Programme.

In addition, the report will be sent to all Chairs of the Maternity Service Liaison Committees and maternity user groups in Northern Ireland.

For the first time the report will be placed on the PHA website [www.publichealth.hscni.net](http://www.publichealth.hscni.net). The LSA page is still in its pilot stage and any visitors are invited to comment on the content of any publications placed there. Eventually there will be a link to the National LSAMO's Forum (UK) website

[www.midwife.org.uk](http://www.midwife.org.uk) and also to the Queens University website for curriculum details for the Preparation of Supervisors of Midwives Programme at [www.qub.ac.uk](http://www.qub.ac.uk)

The content, other than meeting the requirements of Rule 16 of the midwives rules and standards for the Nursing and Midwifery Council, should also meet with the expectations of other stakeholders such as providers, commissioners educationalists and users of maternity services. The report holds additional clinical activity information and workforce trends and these tabulates can be found integral to the report and as appendices.

The contextual narrative and information regarding clinical outcomes and workforce data, is intended to be utilised and resourced by all readers to assist in furnishing in-house reports, reviews and support curriculum activities in universities. Finally, the document should assist in assuring the public that the framework of supervision of midwives does protect mothers and babies by ensuring excellence and best practice amongst midwife practitioners.

An update of the LSA position following feedback from the NMC at the end of September 2009 is included in appendix 8.

### **Supervisor of Midwives appointments, resignations and removals in 2008/9**

Appointments: 6  
Resignations: 2  
Removals: 0

#### **Update:**

All appointments, resignation and removals relating to supervisors of midwives are now logged on the UK wide LSA database.

Six more SoMs have been appointed by end of September 2009.

### **Preparation of Supervisors of Midwives**

The Preparation of Supervisors of Midwives Programme takes place at Queens University Belfast. There is one intake a year of up to 12 students. Nomination and selection at Trust level is expected to follow the Standards for Preparation of Supervisors of Midwives (NMC 2006).

Once there are submissions for the programme by the Trusts, a selection panel is held prior to the course. This enables the LSAMO and the programme leader to meet and the nominees regarding the requirements of the programme. Joining the LSAMO and Programme Leader from 2009-10 will be a contact Supervisor of Midwives and a Lay Representative.

The selection panels continue to evolve from group interview/discussion to individual interviews.

All Supervisors of Midwives in NI receive remuneration for their role.

## **Ratios of midwives per Supervisor**

Following the input for the first time of ITPs into the national LSA database the ratio at the end of the year 2008/9 was:

NHSSB: 1:9  
SHSSB: 1:15  
WHSSB: 1:16  
EHSSB: 1:16

Although the pro-rata ratio indicates within the LSA and within most Trusts the standards of one Supervisor having a caseload of no more than fifteen midwives appears to be met, in reality this is not often the case with many supervisors carrying caseloads of over 20 midwives. In this instance, it is often because of long term sickness of a supervisor, newly appointed supervisors carrying lesser caseloads whilst they are establishing themselves or midwives exercising their choice to remain with a particular supervisor who then continues to carry a larger caseload than necessary.

In some circumstances, the LSAMO has indicated to the respective Trusts where this aspect of caseload selection may have to be more actively managed in order to create some equity amongst the supervisory teams.

The size of the individual caseloads for supervisors of midwives is not indicative of individual or group performance in their role. The model of engagement that supervisors have with the management team and in particular with the Head of Midwifery is significant as well as how integrated the philosophy of supervision is within a Trust's maternity service strategy and the clinical governance framework of the Trust in general.

### **Update:**

Following appointments of new SOMs, the LSA is now compliant with NMC standard of 1:15. On 4 September 2009 the ratio for the LSA is 1:14; this meets the NMC standard.

### **Continuous access to a supervisor of midwives**

All units are aware of the requirement to provide 24 hour access to a supervisor of midwives for both midwives and for women. All services provide an on-call rota which is accessed either via the maternity wards or the hospital switchboards.

In addition, midwives have access their own named supervisor of midwives or any supervisor on duty at the time that access is required.

SoMs have been asked to audit the use of the on call rota as part of their local meetings to ensure that a response from a supervisor of midwives to a request for advice or guidance is timely and appropriate. During the supervisory year, one concern was raised about a slow response to a phone message in the on call phone. This was acknowledged and steps take to

ensure that where mobile telephone coverage is weak or non-existent, switchboard are given an alternative landline number by the supervisor.

Midwives usually choose to access a supervisor of midwives from the same location where both are employed, as practice issues are usually known and familiar amongst the team.

Student midwives have access to Supervisors of Midwives and are usually either allocated to a Named Supervisor of Midwives specifically approached to support the students in their learning environment. As the students are not yet registered, there is no obligation or requirement to provide a supervisory framework for them for example an annual review. However, in all Trusts in Northern Ireland, student midwives are able to make their own approaches to a supervisor of midwives should they feel they require advice or guidance for themselves.

There are no independent midwives providing midwifery care in N Ireland.

### **How the practice of midwives is supervised**

- The midwives rules and standards describe in Rule 12 how the practice of midwives is supervised. Supervisors of Midwives supervise midwives by:
- Receiving Intention to Practise forms and submitting to the LSA
- Providing 24 hour access for midwives to a Supervisor of Midwives
- Providing 24 hour access for women to a Supervisor of Midwives
- Providing opportunities for midwives to have their Annual Supervisory Review
- To agree development plans to support a midwives experience and growth in competency
- To investigate supervisory investigations following critical incidents or evidence of poor practice by a midwife
- To put in place a developmental support programme, or if required a Supervised Practice Programme
- To ensure all of the above meet NMC Standards

All of the above are statutory requirements of the role and make up the components of the 5 Standards for Supervision of Midwives that are pivotal to the annual audit process. These standards can be found at [www.midwife.org.uk](http://www.midwife.org.uk)

In addition, Supervisors act as leaders and experts in ensuring best practice environments are sustained and contribute to this by attending various meetings within which may include:

- Labour Ward Forums
- Risk Management or clinical governance committees
- Policy and guidelines groups
- Maternity user groups/committees where they exist
- In-house and post registration training programmes
- University Forums

All Supervisors of Midwives must maintain their own Supervisory PREP requirements of six hours relating to Supervision of Midwives in each supervisory year. The LSAMO facilitates an array of study days during the year and examples are given in appendix 4.

Attendance is noted and from 2009-2010 will be part of the information available to the LSA via the LSA database.

In addition there are local and combined Trust SoMs meetings and each supervisor is expected to attend those meetings.

All of these forums enable the supervisors to remain up to date and informed with regard to current and new agendas in midwifery and the supervision of midwives.

The LSA Audit process will increasingly be instrumental in identifying areas of development in supervisory practice and publicising good supervisory practice.

### **Example of how supervision of midwives protects the public**

*A midwife working in a neonatal unit is due for re-registration as a midwife but is failing to provide evidence of enough midwifery practice. In discussion with her Supervisor of Midwives a rotation programme is proposed to assist the practitioner to maintain midwifery practice in areas such as the antenatal clinic and postnatal service where her updated knowledge will assist in her usual practice environment. The flexibility allows her to maintain her registration as a midwife.*

### **Service User involvement in monitoring supervision of midwives**

User involvement in the development of maternity services in Northern Ireland is patchy. DHSS guidelines issued in 2009 mean that every Trust will have a Maternity Services Liaison Committee in place by November 2009.

The LSA midwifery officer will involve users in the LSA work from 2009/2010.

#### **Update:**

A lay member is invited as a participant to the selection panels for midwives undertaking the Preparation of Supervisors of Midwives programme. User representatives have been invited as speakers at LSA study days in 2009/2010.

### **Engagement with higher education institutions**

There are three institutions that provide midwifery education in Northern Ireland.

These are:

- Queens University Belfast
- University of Ulster

- The Beeches Management Centre.

### **Communication and Liaison**

The LSAMO meets with the three Lead Midwives for Education (LME) in a variety of forums.

#### **Update:**

In 2009/2010 the LSAMO has reconstituted a 6 monthly meeting for the LSAMO, LMEs, DHSSPS Midwifery Officer, Heads of Midwifery (HoMs), NIPEC, the NI member of the NMC's Midwifery Committee and a midwifery advisor from the NMC.

### **Pre-registration Midwifery Training**

Queens University Belfast provides 3 year direct entry midwifery training and 18 month pre-registration education.

Supervisor of midwives assist in curriculum planning with the midwifery department at QUB. This may require SoMs to attend interviews in order to select students for the pre-registration programmes.

### **Educational contribution integral to Supervisory Investigation and Supervised Practice Programmes**

All of the supervisory teams within each Trust have access to a supervisor of midwives based at QUB. The LSAMO expects that where any supervised practice programme is put in place that a supervisor from an educational background advises on the academic learning components and content of the learning outcomes and also assesses the OSCE and simulated learning environments for any midwives completing such a programme.

During 2008-9 one supervised practice programme was successfully completed, building on the initial work with supervisory practice programmes in 2007/8. One SoM was from a university academic environment and key to the increased the quality and of the supervised and developmental practice programmes implemented during this practice year.

Two developmental support programmes were initiated during 2008/9.

The issues in the programmes related to recognition of labour, record keeping and CTG interpretation.

### **The Preparation of Supervisors of Midwives Programme**

QUB provides up to 12 placements for the Preparation of Supervisors of Midwives Programme each year. The LSAMO and respective Supervisors of

Midwives from within the LSA are members of the Programme Management Team and teach on the curriculum.

**Update:**

With the introduction of the LSA database from the spring of 2009, effective for SoMs from 2009-2010, it is intended that the LSAMO has an additional teaching session on the use of the database for the September 2009 cohort.

Each programme is evaluated and this feedback allows the lecturing team to implement any changes or additions to the programme as required.

The students, during the programme present a case study that demonstrates their learning. This forms part of the course assessment requirements. Each of the students undertaking the programme has a supervisor of midwives as a mentor. Similarly to the 'sign off mentor' for pre registration student midwives, they are invited for a half day workshop in order to refresh their knowledge of the curriculum and introduce them to the web site if there has been a gap since they last mentored a student supervisor.

The programme was quality assured by the HSLP on behalf of the NMC in March 2009.

**New policies related to the supervision of midwives**

The LSAs in Northern Ireland adopted the LSAMOs Forum (UK) national guidelines for supervisors of Midwives on 19 November 2008. These are located on the National LSAMO Forum website at [www.midwife.org.uk](http://www.midwife.org.uk).

The first Northern Ireland LSAs guidance for SoMs was published in December 2008, "Guidance for Supervisors of Midwives in the Event of a Maternal Death. The consultation process for this guidance included SoMs, the Chief Nursing Officer for NI as well as the Senior Coroner for Northern Ireland and the Directors of Nursing at the LSAs.

Each maternity unit and every supervisor of midwives has been provided with a hardback file for guidelines, standards and other information relating to the supervision of midwives. Following successful completion of the POSOM course, newly appointed SoMs receive a personal file.

As the national guidelines are on a rolling update programme the LSAMO has emphasised that from November 2008 supervisors download the national guidelines from the website prior to use as the most up-to-date version of the guideline will be on the web, and not necessarily the hard copy on the maternity unit.

**Update:**

Working groups for the development of more NI LSA guidelines are on the work plan for 2009-10 following consultation and suggestions from SoMs. Examples include:



- Home birth
- Reporting and monitoring of SUI/Adverse Incidents
- Guideline on the event of an abducted baby
- Caring for travellers and non-English speaking women

Initial work has started with the Contact SoMs group on guidance for supervisors of Midwives in relation to home birth.

The intention is that all these guidelines will be made available via the LSA website through [www.publichealth.hscni.net](http://www.publichealth.hscni.net).

In conjunction with NIPEC the LSAMO, SoMs and midwives are developing one annual review document for supervision of midwives in Northern Ireland which includes a record keeping audit tool. This tool will be available for use in November 2009.

### **Developing trends affecting midwifery practice within the LSA**

Many of the units rotate midwives who work in neonatal services between the maternity services and the neonatal units in order to ensure that midwives meet their PREP requirements. This is much easier where the Head of Midwifery also has responsibility for the neonatal services but requires negotiation if this is not the case.

The rising birthrate and recognition of the aging demographic of the midwives in NI has led to an increase in the number of students in pre-registration midwifery education in NI. 12 extra students started the 18 month training during 2008/9.

### **Update**

All Trusts are doing or are repeating Birthrate Plus over the period 2008-2010.

Below is the age profile for midwives in NI in September 2009 taken from the LSA database. More than 50% of midwives are over 46 and over 30% are over 51.

## Age Profile of Midwives (as at 30/09/2009)

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	4	0.28%
26 to 30	82	5.77%
31 to 35	139	9.77%
36 to 40	178	12.52%
41 to 45	224	15.75%
46 to 50	328	23.07%
51 to 55	266	18.71%
56 to 60	147	10.34%
61 to 65	49	3.45%
Over 65	5	0.35%
<b>Total</b>	<b>1422</b>	<b>100%</b>

The caesarean section rates for maternity units range from 16.3% to 36.2% with variation between maternity units within the Trusts. The NI average is 30%.

([http://www.dhsspsni.gov.uk/index/stats\\_research/stats-activity\\_stats-2/hospital\\_statistics.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2/hospital_statistics.htm))

As identified in the example below there is data not available via the Child Health systems that is of interest to the LSA. To enhance the collation of information for the LSA, a proforma for information collation has been developed by the LSAMO for use in 2009/2010.

The information will be key evidence for services redesign and business plans to assist in meeting demands as clinical activity increase across the province. The robust information is needed to meet the challenges and ambitions of improvements and developments such as midwife-led units in the maternity services in Northern Ireland.

WESTERN HEALTH AND SOCIAL SERVICES TRUST

LSAs Request: births 2008/2009

Births in Trust Hospitals (inc. at home & BBA)

	ALTNAGELVIN	ERNE	TYRONE COUNTY	AT HOME	BBA ALTNAGELVIN
MATERNITY OUTCOMES	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
Total number of babies born (including multiple births)	2829	1357	1	19	1
Total Confinements	2775	1331	1	19	1
Live births	2814	1351	1	19	1
Stillbirths	15	6	0	0	0
Births in hospital or birth centres	2829	1357	1	n/a	n/a
All home births	n/a	n/a	n/a	19	n/a
Actual home births with midwife in attendance	not on CHS	not on CHS	not on CHS	not on CHS	not on CHS
Unplanned home births with midwife in attendance	not on CHS	not on CHS	not on CHS	not on CHS	not on CHS
Unplanned home births before an intended transfer to hospital (BBA)	not on CHS	not on CHS	not on CHS	not on CHS	not on CHS
Breech delivery	9	4	0	1	0
Maternal deaths	not on CHS	not on CHS	not on CHS	not on CHS	not on CHS
Intrapartum related early neonatal deaths	not on CHS	not on CHS	not on CHS	not on CHS	not on CHS
PERCENTAGE of women initiating breastfeeding (inc. breast&comp)	41%	44%	100%	50%	0%
PERCENTAGE of women exclusively breastfeeding at HV First Visit	23%	24%	0%	39%	0%

Onset of Labour by Place of birth	ALTNAGELVIN	ERNE	TYRONE COUNTY	AT HOME	BBA ALTNAGELVIN
Spontaneous	1495	772	1	17	1
Induced	888	362			
Elective C/S	413	198			
Not Recorded	33	25		2	
Grand Total	2829	1357	1	19	1

<b>Mode of Delivery by Place of Birth</b>	<b>ALTNAGELVIN</b>	<b>ERNE</b>	<b>TYRONE COUNTY</b>	<b>AT HOME</b>	<b>BBA ALTNAGELVIN</b>
Normal vertex	1452	734	1	15	1
Forceps (low)	104	28			
Forceps (other)	22	23			
Other cephalic	23	9			
Ventouse	399	140			
Breech delivery	9	4		1	
Elect. CS	422	247		1	
Emergency CS	359	159			
Other	11	0			
Not Recorded	28	13		2	
<b>Grand Total</b>	<b>2829</b>	<b>1357</b>	<b>1</b>	<b>19</b>	<b>1</b>

<b>Pain Relief by Place of Birth</b>	<b>ALTNAGELVIN</b>	<b>ERNE</b>	<b>TYRONE COUNTY</b>	<b>AT HOME</b>	<b>BBA ALTNAGELVIN</b>
None	124	41		15	1
Analgesics	539	557			
GA	51	22			
GA + Epidural	7	12			
Epidural & Analgesics	120	55			
Epidural	450	141			
Spinal	638	257		1	
Other	796	251	1	1	
Not Recorded	104	21		2	
<b>Grand Total</b>	<b>2829</b>	<b>1357</b>	<b>1</b>	<b>19</b>	<b>1</b>

## **Update**

### **Improving Quality and Standards**

For Northern Ireland's integrated health and social care system the framework for quality improvement was first outlined in Best Practice Best Care (DHSSPS 2001). The emphasis was on setting standards around effective, timely, equitable care and the report focused on:

- Strengthening clinical and social care governance arrangements,
- The development of service standards,
- Links with national standard-setting and patient safety bodies, and
- Enhanced regulation, inspection and review of services by the Regulation and Quality Improvement authority (RQIA).

Legislation led to the 2005 creation of the RQIA, N Ireland's equivalent of the Care Quality Commission for England & Wales and Quality Improvement Scotland. As an independent body it monitors, inspects and reports on the availability and quality of services provided by HSC bodies, regulates certain statutory and independent service providers and encourages improvement in the quality of services.

### **Safety**

Safety First: A Framework for Sustainable Improvement in the HPSS (2006) is N Ireland's policy document on safety. This consolidates guidance from many initiatives begun much earlier and, emphasizes that patient/client safety must have the highest priority for everyone working in HSC services.

There are a range of other quality improvement activities, such as:

- Quality Standards for HSC bodies which are used by RQIA to assess and report on the quality of services commissioned and provided by HSC organizations;
- The development of Minimum Care Standards in the regulated sector;
- Links with the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE);
- The Guidelines and implementation Network (GAIN) to develop regional guidelines or topics not covered by NICE or SCIE, undertake a regional audit programme linked to priority areas, and evaluate the users' experience of selected medical devices; and
- Formal links with the National Patient Safety Agency of the NHS including the National Confidential Enquiries (NCE).

In 2007, the HSC Safety Forum was established to promote evidence-based interventions known to save lives and minimize harm to patients. Since then there has been significant engagement with front-line staff to bring about change through the application of UK and international best practice guidance. This builds on the work by local Trusts who have been involved with the Health Foundation's Safer Patient Initiative since 2005. Trusts are now required to produce quality improvement plans in identified, specific areas.

### **The SQS Directorate**

The Safety, Quality & Standards Directorate (SQSD) in the DHSS in 2007 established a team of policy, administrative and professional staff tasked with ensuring a clearer and more proactive focus on quality concentrating on Patient/Client focus, Safety and Standards. This team is responsible for developing and taking forward the policy objectives in respect of quality with a particular focus on clinical and social care.

One of the most innovative programmes of work to be led by the SQS Directorate concerns the development of Service Frameworks.

Service frameworks will set out the evidence-based standard of care that patients, clients and their carers can expect to receive and will be used by commissioners and providers to drive measurable improvements.

### **The Future for Quality**

The future work programme for SQSD is varied and extensive. Work in the future will ensure that there are clear linkages and communication protocols with new HSC bodies like the HSC Board, Public Health Agency and Patient Client Council.

The adverse incident reporting and learning systems will be restructure and enhance to link with the new health and social care bodies in N Ireland. The new bodies, DHSS, RQIA, the HSC Safety Forum and GAIN will needs to work together to ensure that their work complements and contributes to the development to quality improvements.

### **Recent Quality Initiatives in Maternity Services**

Maternity Hand Held Record (MHHR) September 2009

The Maternity Hand Held Record for pregnant women in Northern Ireland has been produced by a multiprofessional working group drawing on maternity records already in use in the province and the United Kingdom and incorporating best available evidence such as NICE guidance.

The MHHR is designed to be used in conjunction with the Northern Ireland Maternity Information System (NIMATS) from the 'booking' visit until the end

of postnatal community care when the notes are returned to the Trust as recommended by NICE.

**Key points:**

The MHHR contributes to better record keeping, clinical governance and consistency of data collation within maternity services.

The MHHR is intended to be 'user friendly' for both women and health professionals.

The project team will review the record in six months time (January 2010) and amend the MHHR on the advice of the professional working group members.

All Maternity Services throughout NI are expected to use both NIMATS and the MHHR.

The MHHR are to be used by any personnel involved in the care of pregnant women for example midwives, obstetricians, GP's, paediatricians, anaesthetists and A&E staff.

Women should carry their own MHHR during their pregnancy and until the end of their community midwifery postnatal care.

This work was facilitated by the DHSS, the project officer was a supervisor of midwives and the multidisciplinary working group was jointly chaired by the LSAMO and the Midwifery Officer in the DHSS.

## **12. Strategic Direction**

### **Midwife-led Unit in Altnagelvin (L'Derry)**

The new maternity unit in L'Derry was officially opened by HRH Queen Elizabeth II with HRH Prince Philip in February 2009. A midwife-led unit is part of the new consultant-led maternity unit.

### **Midwife-led unit in Downpatrick**

The new hospital in Downpatrick opened in 2009. Within the hospital is the facility for a midwife-led unit. Antenatal, postnatal and home birth services already took place in the Downpatrick area since the maternity unit closed and this new building represents a new, permanent facility with the option of giving birth in a midwife-led unit. Recruitment for midwives took place in early 2009-2010.

### **Business case for a midwife-led unit in Lagan Valley (Lisburn)**

Due to the proposed withdrawal of consultant led services at Lagan Valley, a business case for a midwife-led unit is being considered by the Regional Board and PHA.

### **Community Midwifery Unit in the Omagh Area**

A response is awaited from the Minister of Health on the 'Feasibility Study into the Establishment of a Community Midwifery Unit in the Omagh Area of the South West of Northern Ireland' (WHSSB Dec 2007).

**Improvement in facilities at Royal Jubilee Maternity (Belfast)**

The previous LSA, the EHSSB gave monies to enhance the Royal Jubilee Maternity facilities following the halt of plans for a new Women's and Children's Hospital on the Royal site in Belfast.

**Improvement in facilities at Craigavon Maternity Unit**

The previous LSA, the SHSSB gave monies to enhance the facilities at Craigavon as the unit has experienced an increase in births since 2004.

**Increase in the number of student midwives**

The SHSSB negotiated with DHSS and QUB to have an additional 12 students who were nurses in Craigavon start the 18 month midwifery course. These students should finish their course in May 2010.

Overall the number of midwifery students in 2008-9 was increased to 65 and that number has been retained in 2009-2010. This is partly in recognition of the demographics of the midwifery population in N Ireland where approximately a third of midwives are over 51 and over half the midwives are over 46.

Age	Number of Midwives	Percentage of Total
Under 21	0	0.00%
21 to 25	5	0.35%
26 to 30	78	5.51%
31 to 35	139	9.82%
36 to 40	178	12.57%
41 to 45	223	15.75%
46 to 50	328	23.16%
51 to 55	264	18.64%
56 to 60	147	10.38%
61 to 65	49	3.46%
Over 65	5	0.35%
<b>Total</b>	<b>1416</b>	<b>100%</b>

Source: LSA database PHA NI 040909

**Local Supervising Authority Midwifery Officers' Forum (UK)**

**Introduction**



The aim of this section is to provide an update on the LSA Midwifery Officers' (LSAMO) Forum UK activity during the 2008/09 year. The purpose of the Forum is to enable the LSAMOs to work collaboratively with other stakeholders to ensure that there is consistent and equitable approach to achieving the standards set by the Nursing & Midwifery Council (NMC). The Forum is currently working to a four year strategy which describes the work plan until 2011. The LSAMO Forum (UK) consists of the sixteen LSA Midwifery Officers from across the United Kingdom. Each year the Forum meets on six occasions - for two days - at different venues across the UK, hosted by the local LSA. In 2008-09 the meetings were;

- May 2008                    NHS Yorkshire and the Humber
- July 2008                    NHS South West
- September 2008            NHS London
- November 2008            NHS North West
- January 2009                NHS London
- March 2009                 NHS Scotland

The Forum is chaired by an LSA Midwifery Officer. The chair and vice chair are voted in, for a period of one year with the vice chair becoming the chair the following year.

### **Stakeholder Involvement**

The Forum agendas are full and include invited stakeholders - 2008/2009;

- Kings Fund – Safer Births
- Birth Place Study
- Chief Nursing Officers – from each of the 4 countries
- Nursing & Midwifery Council – Head of Midwifery, Midwifery Advisors and Fitness to Practise Manager
- Department of Health – Midwifery Advisors - standards for care, workforce and return to practise (RTP), Maternity Matters, Family Nurse Practitioners
- HM Coroner
- NHS Litigation Authority
- Health Care Commission / Care Quality Commission
- Independent Midwives – Northwich Holistic Birth Centre
- Confidential Enquiry Maternal and Child Health
- National Patient Safety Agency
- Royal College of Midwives – General Secretary and other representatives
- Safeguarding practitioners

### **LSA Midwifery Officer Engagement**

LSA Midwifery Officers represent the LSAMO Forum (UK) as members of other forums;

- National Patient Safety Agency
- NMC /LSAMO Strategic Reference Group
- Maternity Matters Advisory Group
- Midwifery 2020
- Midwife Supply Orders working group
- NMC review of Midwives rules and standards steering group

## **Work of the Forum**

The LSAMO Forum (UK) meetings include identifying, developing and progressing future work. Work undertaken by the Forum in 2008/09 included;

Development of new LSA National Guidelines - available at [www.midwife.org.uk](http://www.midwife.org.uk);

- Role of the Contact Supervisor of Midwives
- Guidance for Supervisors of Midwives on suspension of a midwife from practice
- Guidance for investigation of a midwife's fitness to practise
- Process of appeal, against a decision to suspend a midwife from practice, by the LSA

Publications - available at [www.midwife.org.uk](http://www.midwife.org.uk)

- Local Supervising Authority Midwifery Officers' Forum (UK) Strategic Direction 2008 – 2011
- Modern Supervision in Action (posted to every registered midwife in the UK)
- LSAMO Forum (UK) Strategy Update (May 2009)

## **LSA National Conference**

The LSAMO Forum (UK) held a national UK conference in April 2008, which was attended by 500 Supervisors of Midwives and midwives from LSAs across the UK. The conference was evaluated as excellent, with seminars sharing areas of good practice that had been developed by Supervisors of Midwives. The Strategic Direction for 2008 – 2011 was launched at the conference.

## **Conference Attendance**

The LSAMO Forum (UK) aims to have LSA stands at several high profile conferences each year, in 2008/09 these included;

- LSAMO National UK conference
- International Confederation of Midwives (ICM) conference
- Nursing & Midwifery Council conference
- Student Midwife conference
- Royal College of Midwives conference

The LSAMO Forum (UK) stand at conferences enables numerous midwives and students to meet with LSA Midwifery Officers and ask questions regarding

supervision. The stand provides an ideal opportunity for the LSAMOs to distribute a number of printed information documents regarding statutory supervision for the midwives to receive and share with other colleagues within their practice areas.

### **LSA Annual Audit**

The LSA Midwifery Officers have explored different audit methodologies to fulfil the 54 standards from the 'Midwives rules and standards' (NMC 2004). This has enabled LSAMOs to have a portfolio of audit methodologies from which they can implement different approaches to the audit process.

### **LSA Database**

This has been implemented by a number of LSAs over the year and to date there is only one LSA not accessing the database. The database enables consistency of supervision records across the UK and allows seamless transfer from one supervisor to another, as midwives move their area of practice around the UK. It also enables timely and effective notification of Intention to Practise (ITP) forms to the NMC.

### **LSA Website**

This last year has seen the development of the LSA Midwifery Officers' Forum (UK) website [www.midwife.org.uk](http://www.midwife.org.uk) which contains all the LSA national guidelines, other core documents and also provides access to the LSA database.

## **13. Acknowledgement and Thanks**

This report represents the work of the LSA Midwifery Officer in meeting the requirements of the midwives rules and standards and specifically with regard to Rule 16.

The supervisors of midwives and contact supervisors have risen to the challenge of working with a LSAMO rather than link SoMs and working in an environment of expansion of supervision of midwives. A good example of this new work is the successful introduction of the LSA database during the spring of 2009 in preparation for the 2009/2010 submission of Intentions to Practise by midwives to their supervisors.

The LSAMO has been invited and welcomed to various forums throughout the LSA. Thanks are due to all Heads of Midwifery, LMEs, Contact Supervisors and Supervisors of Midwives.

The LSAMOs is indebted to Mary Hinds, Director of Nursing and AHPs, Public Health Agency (LSA) for her support and critical reading of this report.

**Date: 30<sup>th</sup> September 2009**

**Report: Local supervising Authority Report for 01 April 2008 -31 March 2009**

**For: Nursing and Midwifery Council**



.....  
**Verena Wallace**  
LSA Midwifery Officer  
Public Health Agency



.....  
**Mary Hinds**  
Acting Chief Executive  
Public Health Agency

## Process for the Audit of LSA Standards in Northern Ireland from August 2007

### XX Maternity Unit.

It is recognized that supervisory teams are new to the process of peer and self-review of their achievement in meeting the LSA standards for the statutory supervision of midwives. To help supervisors to prepare for the audit, this brief paper gives an overview of the process and is accompanied by:

- The LSA audit standards
- The assessment tool
- A proforma for the day's programme
- An example of the type of report produced for the maternity unit after the audit.

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The date of the audit visit will be notified at least six weeks in advance.

The supervisory team will be responsible for measuring their progress against each of the criteria of the five standards which relate to:

1. Women Focused Maternity Services
2. *Supervisory Systems*
3. Leadership
4. Equity of Access to Statutory Supervision of Midwives
5. Midwifery Practice

The completed assessment tool, listing the supporting evidence and any comments and recommendations the supervisors wish to make will now be sent to the LSA office by email on the date notified by the LSA Midwifery Officer.

Please note that the actual evidence does not need to be sent to the LSAMO's office but should be available on the day of the audit visit. It is helpful as part of the return to receive a brief profile of the maternity service, together with the completed assessment.

Two supervisors from other services and a student supervisor (if available) will be identified as the auditors. One supervisor will be drawn from the team where the last audit took place and the other from the place where the next audit will take place. The host supervisory team should also encourage a lay representative/service user to attend the annual audit.

On the day of the audit the host supervisors should make a short presentation (not more than 10 minutes) to the auditors to provide them with the context of the maternity service that is subject to audit of LSA standards. This should include local issues that may impact on midwifery practice and supervision.

The auditors will validate randomly selected evidence offered in support of achievement of the criteria of the five LSA standards. Supervisors from the host service should be available to discuss evidence and to give any clarification required. The auditors will record whether evidence is validated on the self-assessment form.

The auditors will meet with a cross section of midwives and student midwives to elicit their views of supervision and midwifery practice.

The LSAMO will meet with the supervisory team. The focus of discussion will be to apprise the LSAMO of current developments in supervision and midwifery practice. There will be opportunity to discuss issues arising as a group and one-to-one if requested. The LSAMO may also wish to verify targeted written documentary evidence and may wish to visit the practice environment. A decision concerning this will be made on the day of the audit visit.

Relevant sections from the portfolio of each supervisor will be required summarising the supervisory activities undertaken by them on an annual basis and evidence of meeting PREP requirements for supervisors within the current registration period.

Please note that copies of additional information proffered and presentations will be attached to the audit report sent to the Health Board and will also be retained by the LSAMO as partial evidence for NMC audit of standards for LSAs.

Supervisors will be invited to comment on this audit process that will be subject to change if deemed necessary in response to feedback from supervisors of midwives.

If you have any queries regarding the audit process please contact Verena Wallace, LSAMO at [verena.wallace@nhssb.n-i.nhs.uk](mailto:verena.wallace@nhssb.n-i.nhs.uk) or (028) 2531 1129.

August 2007

## Women Focused Maternity Services

**Standard 1. Supervisors of Midwives are available to offer guidance and support to women accessing a midwifery service that is evidence based in the provision of women centred care.**

| Criteria                                                                                                                                                             | Yes | No | Supporting Evidence | Comments/Recommendations |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------------------|--------------------------|
| 1.1 Supervisors of Midwives participate in 'Maternity User Forums' to ensure that the views and voice of service users inform the development of maternity services. |     |    |                     |                          |
| 1.2 Information is available to women including local arrangements for statutory supervision.                                                                        |     |    |                     |                          |
| 1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.                   |     |    |                     |                          |
| 1.4 Supervisors support midwives to promote informed decision making about care for women and families.                                                              |     |    |                     |                          |
| 1.5 Supervisors support midwives in respecting the right of women to refuse any                                                                                      |     |    |                     |                          |

|                                                              |  |  |  |  |
|--------------------------------------------------------------|--|--|--|--|
| advice given and record in the woman's individual care plan. |  |  |  |  |
|--------------------------------------------------------------|--|--|--|--|

### ***Supervisory Systems***

**Standard 2. Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.**

| <b>Criteria</b>                                                                                                | <b>Yes</b> | <b>No</b> | <b>Supporting Evidence</b> | <b>Comments/Recommendations</b> |
|----------------------------------------------------------------------------------------------------------------|------------|-----------|----------------------------|---------------------------------|
| 2.1 The supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees. |            |           |                            |                                 |
| 2.2 Employers provide designated time for Supervisors of Midwives to undertake their role.                     |            |           |                            |                                 |
| 2.3 LSA processes are followed in the nomination, selection and appointment of Supervisors of Midwives.        |            |           |                            |                                 |
| 2.4 Supervisors of Midwives work within the framework of LSA standards, policies and guidelines.               |            |           |                            |                                 |



|                                                                                                                                                                                                                        |            |           |                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|----------------------------|--|
| 2.5 LSA guidelines and policies are accessible to midwives and the public.                                                                                                                                             |            |           |                            |  |
| <b>Criteria</b>                                                                                                                                                                                                        | <b>Yes</b> | <b>No</b> | <b>Supporting Evidence</b> |  |
| 2.6 Supervisors of Midwives receive the Intention to Practise forms (ITP), check for accuracy and validity prior to forwarding them to the LSA, or before entering on the LSA database, within the agreed time frames. |            |           |                            |  |
| 2.7 Supervisors of Midwives review midwives' eligibility to practise annually, confirming such through the NMC registration service.                                                                                   |            |           |                            |  |
| 2.8 Supervisors of Midwives maintain records of supervisory activities that are stored for seven years in such a way as to maintain confidentiality.                                                                   |            |           |                            |  |
| 2.9 Regular meetings between Supervisors of Midwives are convened to share information in a timely fashion and the proceedings are recorded.                                                                           |            |           |                            |  |
| 2.10 Evidence exists that all Supervisors of Midwives engage in networking locally, regionally and nationally                                                                                                          |            |           |                            |  |

| <b>Criteria</b>                                                                                                                                                                                | <b>Yes</b> | <b>No</b> | <b>Supporting Evidence</b> | <b>Comments/Recommendations</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|----------------------------|---------------------------------|
| 2.11 There is a local strategy for supervision and an action plan developed following audit.                                                                                                   |            |           |                            |                                 |
| 2.12 Each Supervisor of Midwives has a direct line of communication to the LSA for support and advice.                                                                                         |            |           |                            |                                 |
| 2.13 Each Supervisor of Midwives completes at least 18 hours of approved study in each registration period.                                                                                    |            |           |                            |                                 |
| 2.14 Each Supervisor of Midwives meets with the LSAMO locally and through LSA events.                                                                                                          |            |           |                            |                                 |
| 2.15 Secretarial/administrative support is provided for Supervisors of Midwives in their role.                                                                                                 |            |           |                            |                                 |
| 2.16 The practice of statutory supervision by each Supervisor of Midwives is subject to audit by the LSA and removal from appointment if their performance falls below an acceptable standard. |            |           |                            |                                 |

## Leadership

**Standard 3. Supervisors of Midwives provide professional leadership and nurture potential leaders.**

| Criteria                                                                                                                             | Yes | No | Supporting Evidence | Comments/Recommendations |
|--------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------------------|--------------------------|
| 3.1 Supervisors of Midwives are perceived as innovators and leaders of midwifery.                                                    |     |    |                     |                          |
| 3.2 Through peer or self-nomination future Supervisors of Midwives are identified and supported in their nomination.                 |     |    |                     |                          |
| 3.3 Appropriate mentorship mechanisms are in place to provide leadership for student supervisors undertaking the preparation course. |     |    |                     |                          |
| 3.4 Preceptorship is provided for newly appointed Supervisors of Midwives to enable their development as leaders.                    |     |    |                     |                          |
| 3.5 There are supervisory mechanisms to support leadership development in a variety of ways.                                         |     |    |                     |                          |

| Criteria                                                                                                                                                                                                        | Yes | No | Supporting Evidence | Comments/Recommendations |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------------------|--------------------------|
| 3.6 Supervisors of Midwives contribute to the development, teaching and assessment of programmes of education leading to registration as a midwife and the continuous professional development of all midwives. |     |    |                     |                          |

## ***Equity of Access to Statutory Supervision of Midwives***

**Standard 4. Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.**

| <b>Criteria</b>                                                                                                                                                                                 | <b>Yes</b> | <b>No</b> | <b>Supporting Evidence</b> | <b>Comments/Recommendations</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|----------------------------|---------------------------------|
| 4.1 There is 24 hour access to Supervisors of Midwives for all midwives irrespective of their employment status.                                                                                |            |           |                            |                                 |
| 4.2 Each midwife has a named Supervisor of Midwives, of her/his choice, with the option to change to another.                                                                                   |            |           |                            |                                 |
| 4.3 Each midwife attends a supervisory review, at least annually, in which her/his individual practice and any education and development needs are identified and a written action plan agreed. |            |           |                            |                                 |
| 4.4 Midwives' views and experience of statutory supervision are elicited regularly, at least once in every 3 years and outcomes inform the local strategy for supervision.                      |            |           |                            |                                 |

| Criteria                                                                                               | Yes | No | Supporting Evidence |  |
|--------------------------------------------------------------------------------------------------------|-----|----|---------------------|--|
| 4.5 Confidential supervisory activities are undertaken in designated rooms that ensure privacy.        |     |    |                     |  |
| 4.6 Supervisors support midwives in maintaining clinical competence and the development of new skills. |     |    |                     |  |
| 4.7 Student midwives are supported by the supervisory framework                                        |     |    |                     |  |

## **Midwifery Practice**

**Standard 5. Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery.**

| <b>Criteria</b>                                                                                                                                                               | <b>Yes</b> | <b>No</b> | <b>Supporting Evidence</b> | <b>Comments/Recommendations</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|----------------------------|---------------------------------|
| 5.1 Supervisors of Midwives are involved in formulating policies, setting standards and monitoring practice and equipment.                                                    |            |           |                            |                                 |
| 5.2 Supervisors of Midwives participate in developing policies and evidence based guidelines for clinical practice.                                                           |            |           |                            |                                 |
| 5.3 Supervisors of Midwives ensure that midwives are made aware of new guidelines and policies and that all midwives have access to documentation in electronic or hard copy. |            |           |                            |                                 |
| 5.4 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice.                                                                |            |           |                            |                                 |
| 5.5 Supervisors participate in audit of the administration and destruction of controlled drugs.                                                                               |            |           |                            |                                 |

| Criteria                                                                                                                                                                                         | Yes | No | Supporting Evidence | Comments/Recommendations |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------------------|--------------------------|
| 5.6 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources may compromise public safety.                                         |     |    |                     |                          |
| 5.7 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of another Supervisor of Midwives. |     |    |                     |                          |
| 5.8 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.                                                                                       |     |    |                     |                          |
| 5.9 The recommendation for a midwife to undertake a period of supervised practice is discussed with the LSAMO who is also informed when such a programme is completed.                           |     |    |                     |                          |
| 5.10 Allegations of serious professional misconduct are reported to the LSAMO together with a full written report and recommendations. These records must be retained for 25 years.              |     |    |                     |                          |



| Criteria                                                                                                                                                                   | Yes | No | Supporting Evidence | Comments/Recommendations |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------------------|--------------------------|
| 5.11 Supervisors of Midwives notify managers of investigations being undertaken and of action plans agreed.                                                                |     |    |                     |                          |
| 5.12 Clinical Governance strategies acknowledge statutory supervision of midwives.                                                                                         |     |    |                     |                          |
| 5.13 The LSAMO is informed of any serious incident relating to maternity care or midwifery practice.                                                                       |     |    |                     |                          |
| 5.14 Audit of record keeping of each midwife takes place annually and outcome feedback is provided.                                                                        |     |    |                     |                          |
| 5.15 Supervisors support midwives participating in clinical trials ensuring that the NMC's Midwives rules & standards and the Code of professional conduct are adhered to. |     |    |                     |                          |

**Appendix 2  
ACTION PLAN**

**PHA Response to NMC Review of Western Health & Social Services Board (WHSSB) Northern Ireland  
Review January 2009; report received May 2009; action plan July 2009**

**Abbreviations used in action plan**

|                                                              |                                                                                      |                                          |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------|
| <b>PHA</b> = Public Health Agency (the LSA)                  | <b>HoM</b> = Head of Midwifery                                                       | <b>ITP</b> = Intention to Practise       |
| <b>LSA</b> = Local Supervising Authority                     | <b>DN &amp; AHPs</b> = Director of Nursing and Allied Health Professionals           | <b>NMC</b> = Nursing & Midwifery Council |
| <b>LSAMO</b> = Local Supervising Authority Midwifery Officer | <b>CE</b> = Chief Executive                                                          | <b>QUB</b> = Queens University Belfast   |
| <b>SoM</b> = Supervisor of Midwives                          | <b>PoSoM</b> = Preparation of Supervisor of Midwives (university based short course) | <b>NI</b> = Northern Ireland             |

| <b>Recommendation topic</b>     | <b>Recommendation</b>                                                                                                          | <b>Action required</b>                  | <b>Timescale</b>    | <b>Accountability</b> | <b>Progress to date</b>                                                                                                                                        | <b>Monitoring</b>                                                                                                                                                            |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Supervisory Processes</b> | Monitor the Intention to Practise (ITP) processes and submission of ITP data to ensure ongoing compliance with these standards | NI SoMs to use the UK wide LSA database | As soon as possible | LSAMO                 | <i>Ongoing</i> ; all midwives have been entered onto the national LSA database for 2009/2010.<br><br>Weekly feedback from NMC on upload from PHA NI to the NMC | PHA (Local Supervising Authority) board with six monthly progress reports to NMC.<br><br>LSAMO and LSA administration support meet weekly to quality assure the LSA database |

| <b>Recommendation Topic</b>                 | <b>Recommendation</b>                                                                                                                             | <b>Action required</b>                              | <b>Timescale</b> | <b>Accountability</b> | <b>Progress to date</b>                                                                                                                       | <b>Monitoring</b>                                                                                          |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>1. Supervisory Processes (continued)</b> | Take action to address any failure to comply with the NMC requirements for statutory supervision                                                  | Appoint SoMs so as LSA compliant with 1:15 standard | By July 2009     | LSAMO                 | <i>Achieved</i><br>2 more SoMs in April 2009; more to follow on successful completion of PoSoM course June 2009. 1:15 achieved.<br>(15/06/09) | 3 monthly monitoring of ratios by LSAMO                                                                    |
|                                             | Ensure that there is a current list of supervisors of midwives practising in the LSA by implementing an electronic database with immediate effect | Adjust SoMs list                                    | Achieved         | LSAMO                 | Available on LSA database. All midwives in NI on web based electronic LSA database from 1.04.09                                               | 3 monthly monitoring of routes by LSAMO                                                                    |
|                                             | Ensure that the ratio of supervisor to midwives does not exceed the NMC standard of 1:15                                                          | Train & appoint SoMS                                | Achieved         | LSAMO                 | SoM appointments 28.04.09. More available in June following completion of preparation of SoMs course at QUB                                   | Regular review using LSA database and working with Contact SoMs and HoMs re uptake of annual PoSoM course. |

| <b>Recommendation Topic</b>                 | <b>Recommendation</b>                                                                                                                                                                                                          | <b>Action required</b>                                                                                                                                                                                                                                 | <b>Timescale</b> | <b>Accountability</b> | <b>Progress to date</b>                                                                                                                                                                                                             | <b>Monitoring</b> |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>1. Supervisory Processes (continued)</b> | Segregate the supervisory role from the management role to ensure that midwives see the value of the supervisory framework; this may be done by ensuring that a midwife's supervisor and line manager are not one and the same | <p>Work with SoMs to ensure clarity about management and SoM roles.</p> <p>Ensure there are clear arrangements in place differentiating management from midwifery supervision.</p> <p>LSAMO &amp; SoMs to ensure option to change is well embedded</p> | Ongoing          | LSAMO/SoMs & HoM      | <p>Caseloads of midwives for SoMs being reviewed.</p> <p>Midwives advised that they have the option to change their SoM.</p> <p>LSA database in place.</p> <p>Midwifery supervision on call rota in place across the WHSCT area</p> | Annual LSA audits |

| <b>Recommendation Topic</b>      | <b>Recommendation</b>                                                                                               | <b>Action required</b>                                                   | <b>Timescale</b> | <b>Accountability</b> | <b>Progress to date</b>                                                                              | <b>Monitoring</b>                                                                         |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------|-----------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>2. Supervisory Guidelines</b> | Ensure that The National LSAMO (UK) Forum Guidelines are embedded into everyday supervisors' practice               | Training/familiarisation at study days and workshops throughout the year | 2009/2010.       | LSAMO                 | National guidelines are web based and were adopted in Nov 2008. SoMs in PHA already using guidelines | LSA/PHA board 6 monthly progress report to NMC. Evidence of workshops & training snapshot |
|                                  | Assess whether the adoption of the National LSAMO Forum (UK) guidelines have had an impact on supervisory practice. | To be formally assessed                                                  | 2009/2010        | LSAMO                 | Evidence already of SoMs using the National and local SoMs guidance.                                 | Review impact on supervisory practice at time of LSA annual audits                        |

| <b>Recommendation Topic</b> | <b>Recommendation</b>                                                                                                                    | <b>Action required</b>                                                                                       | <b>Timescale</b> | <b>Accountability</b>                                            | <b>Progress to date</b>                                                                                                                                                                                                                                    | <b>Monitoring</b>     |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>3. Training</b>          | Ensure that supervisors of midwives are trained to carry out supervisory investigations and know when an investigation should take place | Training at study days and workshops throughout the year. Local guidance about 'triggers' for investigation. | 2009/2010.       | LSAMO working with SoMs and clinical governance leads in Trusts. | Training ongoing during 2009/2010. SoMs attended Bond Solon legal training days (report writing and courtroom skills) in April 2009. Master classes on investigations arranged for October 2009 and Feb 2010. Other training session on RCA being planned. | NMC via annual report |

| <b>Recommendation Topic</b>    | <b>Recommendation</b>                                                                                                         | <b>Action required</b>                                                                                                                                                                                                                                                               | <b>Timescale</b>         | <b>Accountability</b>                                                        | <b>Progress to date</b>                                                                                                                                                                                                                                                                            | <b>Monitoring</b>                                                             |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>3. Training (continued)</b> | Ensure that supervisors of midwives are formally trained in undertaking an investigation into a midwife's fitness to practice | <p>Training at study days in October 2009 and February 2010.</p> <p>In addition, topic related workshops i.e. on 'root cause analysis' (RCA) planned across NI from Autumn onwards.</p> <p>Ensure that governance arrangements in Trust are inclusive of SoM investigatory role.</p> | October 2009 and ongoing | LSAMO working with SoMs and appropriate standards clinical governance leads. | There is a national SoMs guideline on investigation. The training will be part of the SoMs study day/conference in October 2009 as well as part of the ongoing training on the guidelines. The LSAMO is liaising with clinical governance leads re training for SoMs on root cause analysis (RCA). | LSA annual audits. NMC annual report to include details of training feedback. |

| <b>Recommendation Topic</b>   | <b>Recommendation</b>                                                                                                                                                                                                                                                | <b>Action required</b>                                     | <b>Timescale</b> | <b>Accountability</b> | <b>Progress to date</b>                                                                                                                                                                                                                                                                                | <b>Monitoring</b>                                                                                                      |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>4. Supervisory records</b> | Develop systems to ensure that all supervisory records relating to the statutory supervision of midwives are kept for a minimum of seven years. Supervision records relating to an investigation of a clinical incident are kept for a minimum of twenty-five years. | To ensure that appropriate systems in place in WHSCT & PHA | Immediate        | LSAMO and SoMs        | This has already been addressed by the WHSCT SoMs. The use of the electronic database means that there will be fewer paper records and those that have to be retained will link in to the same system that retains maternity records for 25 yrs. The electronic LSA database system is in place in NI. | LSA/PHA board with 6 monthly progress reports to NMC.<br><br>Annual audit<br>Annual report<br>6 monthly report to NMC. |



| <b>Recommendation Topic</b>               | <b>Recommendation</b>                                                                                                                                                                                           | <b>Action required</b>                                                                                                      | <b>Timescale</b> | <b>Accountability</b> | <b>Progress to date</b>                           | <b>Monitoring</b> |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|---------------------------------------------------|-------------------|
| <b>4. Supervisory records (continued)</b> | Ensure that guideline B: retention and transfer of records relating to statutory supervision s embedded into supervisory practice with immediate effect                                                         | To ensure implementation of guideline B. Ongoing awareness raising with training and in meetings with Contact SoMs and SoMs | Immediate        | LSAMO and SOMs        | Actioned                                          | As above          |
|                                           | Audit the supervisory record processes against the requirements of rules 9 and 12 of the NMC Midwives rules and standards and guideline B: retention and transfer of records relating to statutory supervision. | Carry out audit as required                                                                                                 | Autumn 2009      | LSAMO                 | Planned audits of maternity units for autumn 2009 | As above          |

| <b>Recommendation Topic</b>                     | <b>Recommendation</b>                                                                                                                                                                                                     | <b>Action required</b>                             | <b>Timescale</b> | <b>Accountability</b>       | <b>Progress to date</b>                                                                                                                                                                                         | <b>Monitoring</b>                                                                                                |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>4. Supervisory records (continued)</b>       | Continue to monitor the quality and accuracy of supervisory records and the record keeping system                                                                                                                         | Ensure appropriate monitoring of quality           | April/May        | LSAMO                       | LSAMO training SoMs in NI on use of the LSA database during April/May 2009. Part of local LSA audits planned for maternity units in Autumn 2009                                                                 | Action to date. Ongoing monitoring of database: feedback on quality/validity checks to SOMS                      |
| <b>5. Support the framework for supervision</b> | Ensure supervisors of midwives have sufficient protected time to undertake their supervisory role and measure the impact when they are unable to take their protected time due to other priorities e.g. clinical workload | Work with Trust, DN and HOM to ensure this happens | Ongoing          | LSAMO with SoMs, DN and HoM | Western Health & Social Care Trust is completing 'Birthrate Plus' in 2009/2010. Protected time for supervision is part of 'Birthrate Plus' workforce analysis.<br><br>LSAMO to meet with the DN & HoM at WHSCT. | LSA/PHA board with 6 monthly progress report to NMC<br><br>Annual audits and feedback from SoMs during the year. |

| <b>Recommendation Topic</b>                                 | <b>Recommendation</b>                                                                                                           | <b>Action required</b>                                                                                                                                                                                                      | <b>Timescale</b> | <b>Accountability</b>                 | <b>Progress to date</b>                                                                                                      | <b>Monitoring</b>                                                           |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>5. Support the framework for supervision (continued)</b> | Ensure supervisors of midwives receive secretarial/admin support for their supervisory role                                     | LSAMO to raise the issue with management in WHSCT                                                                                                                                                                           | Ongoing          | Trust                                 | SoMs have raised the issue with their HoM.<br><br>Discussion already taken place with Assistant Director of WHSCT and LSAMO. | Annual audit and six monthly progress report to NMC                         |
| <b>6. Service users</b>                                     | Ensure that women-centred, evidenced based midwifery practice is supported and promoted by supervisors of midwives at all times | SoMs involvement/lead in the development and implementation of woman-centred, evidence based clinical guidelines.<br><br>LSAMO to work with SoMs to ensure their involvement in multi-disciplinary evidenced based guidance | Ongoing          | LSAMO/SoMs and HOM                    | SoMs are involved in the development of evidence based guidelines – for example in relation to breast feeding                | LSA/PHA board with 6 monthly progress reports to NMC.<br><br>Annual audits. |
|                                                             | Review the current mechanisms for promoting the role of the supervisor of midwives and the                                      | Promote with MSLC<br><br>Opportunistic and formal promotion with users                                                                                                                                                      | Ongoing          | LSAMO/ SoMs working with user groups. | There is now a SoM representative on WHSCT Maternity Services Liaison Committee                                              | LSA Audits<br><br>Annual PHA/LSA report                                     |

|  |                                                                                                                                   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  | <p>LSAMO to ensure that service users are aware of how statutory supervision can support them in accessing maternity services</p> |  |  |  | <p>(Mothers Voice)</p> <p>The Erne MSLC is being revived. The new group will be in place by November 2009</p> <p>Midwifery Supervision notice board in place in public areas of the Trust.</p> <p>LSAMO has developed a leaflet for users about midwifery supervision that will be available by Sept 2009 throughout the province. It is to be available for women at booking/ in their first trimester of pregnancy.</p> |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| <b>Recommendation Topic</b>         | <b>Recommendation</b>                                                                                                                            | <b>Action required</b>                                                                                                                                                                                            | <b>Timescale</b>           | <b>Accountability</b> | <b>Progress to date</b>                                                                                                                                  | <b>Monitoring</b>                                                          |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>6. Service users (continued)</b> | Promote and develop greater user involvement in service reviews and audits and in the development of evidence based practice                     | LSAMO to recruit user auditors from user panels in PHA and MSLC's for involvement in LSA audits in autumn 2009.<br><br>Service users to be involved in interviewing midwives prior to preparation of SoMs course. | July/Aug 2009              | LSAMO                 | Recruitment of users initiated for potential SoMs pre-course interviews, more involvement to follow.                                                     | Annual report and 6 monthly progress report to NMC                         |
|                                     | Develop mechanisms to inform service users about the role of the LSA and the statutory supervision of midwives and the benefits afforded by them | Web page in progress for midwifery supervision page on PHA website and development of province wide leaflet about statutory supervision of midwives and the PHA/LSA                                               | June 2009<br><br>July 2009 | LSAMO                 | Mothers Voice is active and involved in service developments and ongoing awareness raising in WHSCT<br><br>LSAMO developing web page for new PHA website | Annual report and 6 monthly progress report to NMC<br><br>Annual LSA Audit |

| <b>Recommendation Topic</b> | <b>Recommendation</b>                                                                                                                                                                                                                                      | <b>Action required</b>                                                                                                                                     | <b>Timescale</b>                         | <b>Accountability</b> | <b>Progress to date</b>                                                                                                                                                                                         | <b>Monitoring</b>                                                                                                                                          |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>7. Annual Report</b>     | Improve the quality and the content of the Annual LSA report to the NMC, particularly with regard to trend analysis, new policies, information on complaints and investigations, service user involvement and the training and development of supervisors. | Project plan in place for production of annual report. Data being collated; draft report due mid July. Guidance from NMC issued well in advance this year. | Project plan for Sept 2009 report to NMC | LSAMO                 | Report to go to the PHA Board meeting in August prior to signoff by Chief Executive and LSAMO.<br><br>Project plan in place. Data being collated; draft report due mid July in line with guidance issued by NMC | Update meetings to Chief Executive of PHA/LSA & Director of Nursing & AHPs, PHA                                                                            |
|                             | Ensure that the annual LSA report to the NMC includes analysis of what the content means in terms of safety to women and their babies                                                                                                                      | Ensure trend analysis is part of content of report                                                                                                         | In line with project plan                | LSAMO                 | Statistics requested and analysis ongoing highlighting key areas and implications to safety and service priorities.                                                                                             | Feedback from NMC. LSA Annual Report to the CE of PHA & DN & AHPs before escalation to the Health and Social Care Board to inform the board of any issues. |

| <b>Recommendation topic</b>                             | <b>Recommendation</b>                                                                                                                                                                                                   | <b>Action required</b>                                                                                                                                                                                                                                                              | <b>Timescale</b>               | <b>Accountability</b>    | <b>Progress to date</b>                          | <b>Monitoring</b>                                                                     |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>8. Promote robust clinical governance structures</b> | Ensure that supervisors of midwives are involved in clinical governance and risk management processes within the LSA and are supported and enabled to carry out an independent supervisory investigation as appropriate | <p>Liaise with clinical governance leads and clinical governance midwives re training for SoMs on root cause analysis.</p> <p>National guidelines in place.</p> <p>Work with the Trust to ensure that role of SoM in governance issues is part of Trust's governance framework.</p> | <p>Ongoing</p> <p>Oct 2009</p> | LSAMO/ SoMs, DN and HOMS | Guidance in place, training ongoing.             | <p>LSA annual audit.</p> <p>LSA/PHA board with six monthly progress report to NMC</p> |
|                                                         | Ensure that recommendations resulting from supervisory investigations are audited for compliance and improvements in practice                                                                                           | Part of LSA audit in autumn 2009                                                                                                                                                                                                                                                    | Autumn 2009                    | LSAMO                    | Planning for LSA Autumn audits over Summer 2009. | LSA annual audits and annual report                                                   |

| <b>Recommendation topic</b>                                         | <b>Recommendation</b>                                                                                                                                                                                                              | <b>Action required</b>                                                                                                                                                    | <b>Timescale</b> | <b>Accountability</b>                 | <b>Progress to date</b>                                                                                                               | <b>Monitoring</b>                                                                                                                                                           |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8. Promote robust clinical governance structures (continued)</b> | Ensure that action plans are put in place to address issues identified in the LSA audits, these action plans should then be evaluated at future audits to assess compliance and improvement in meeting the requirements of the NMC | Ensure timely and appropriate systems in place to monitor outcomes of audit and improvement                                                                               | Autumn 2009      | LSAMO                                 | Audits of 2008 – action plans to inform 2009 LSA audits. Feedback on audits to be part of Annual Report to NMC.                       | LSA audits and annual report                                                                                                                                                |
|                                                                     | Develop an LSA Risk Register rather than including statutory supervision in a nursing risk register                                                                                                                                | Develop LSA risk register<br><br>Ensure that risk register is incorporated within the new governance<br><br>Arrangements within the PHA and Health and Social Care Board. | Autumn 2009      | LSAMO and Chief Executive & DN of PHA | Draft LSA risk register for midwifery supervision developed. To be agreed with the PHA Director of Nursing & AHPs by end of July 2009 | Regular monitoring and updating of risk register at least monthly. Prioritise key risk to Chief Executive and Director of Nursing and AHPs at PHA. 6 monthly report to NMC. |



| <b>Recommendation topic</b>                                         | <b>Recommendation</b>                                                             | <b>Action required</b>                                                                                                                                                  | <b>Timescale</b> | <b>Accountability</b>            | <b>Progress to date</b>                                                                                          | <b>Monitoring</b>       |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>8. Promote robust clinical governance structures (continued)</b> | Ensure that the LSAMO has a voice at executive level within the WHSSB             | Transfer recommendation To PHA. LSAMO to meet regularly with new Chief Executive and Director of Nursing & AHPs                                                         | From April 2009  | Chief Executive of PHA and LSAMO | New LSA established. Regular meetings arranged between LSAMO, Chief Executive and Director of Nursing& AHPs, PHA | 6 monthly report to NMC |
|                                                                     | Continue to support the LSAMO in the discharge the statutory supervisory function | Ensuring that LSAMO has access to appropriate development in role and appropriate support and supervision , especially during the period of transition to new LSA (PHA) | Ongoing          | Chief Executive of PHA           | Discussed and agreed with LSAMO's line manager (Director of Nursing & AHPs, PHA)                                 | 6 monthly report to NMC |



Northern Ireland LSAs

## **Accountability and Evidence – A&E for Supervisors of Midwives**

**LSA NI SoMs STUDY DAY  
Corr's Corner Hotel, Newtownabbey  
19 NOVEMBER 2008**

08.45 Registration and coffee/tea

09.15 **Welcome** from Chair: Ms Eileen Pollock, the Beeches



Eileen Pollock has extensive experience in midwifery practice and education both inside and outside Northern Ireland. She joined the Nursing and Midwifery Education Unit of the Beeches Management Centre as a Midwife Education Consultant in September 1999 and was appointed as Service Level Agreement Coordinator for midwifery in October 2000. Eileen leads a team responsible for the provision of midwifery in-service education throughout Northern Ireland. This education programme of short courses, study days and consultancy, includes where appropriate, other health professionals involved in the care of pregnant women and their families. She is Course Director for The Return to Midwifery Practice programme.

Eileen is a member of the Ethics Advisory Committee of the Royal College of Midwives. In 2001 she was appointed to the Nursing and Midwifery Council (NMC) as the alternate midwife member for Northern Ireland. She is a member of the NMC Statutory Midwifery Committee and Deputy Chair of the NMC Preliminary Proceedings Committee.

- 0930            **New NMC Standard for Preparation of Supervisors of Midwives (PoSoM) course**  
Ms Carolyn Moorhead, QUB and SoM



- 1000            **Standard of Proof at NMC. A Barrister's view.**  
Dr Karen Johnson, Hailsham Chambers, London



Karen's principal area of practice is professional regulation. She is frequently instructed by a number of organizations to advise and represent respondents before their regulatory bodies as well as being involved in judicial reviews and on appeal. She has a long and successful working relationship with the RCN. She has been recommended as a leading junior in Professional Discipline.

Karen also specialises in medical law including medical and dental negligence claims and inquests and she deals with all aspects of personal injury claims. She was appointed Assistant Deputy Coroner for Surrey in 2003 and regularly sits as Coroner in a range of cases of varying complexities.

- 11.15            Coffee
- 11.30            **Securing the Evidence – How?**
- 13.00            Lunch

14.00

### **Midwives and Medical Negligence.**

Mr Patrick Mullarkey, Campbell Fitzpatrick, Belfast



Having graduated in law from the Queen's University of Belfast in 1991 Paddy was admitted to the Roll of Solicitors' in Northern Ireland in 1993 after completion of his professional studies. Having trained with a leading commercial firm in Belfast, Paddy joined this firm in 1995. Since that time Paddy has specialised in providing advices to private clients predominantly in association with Medical/Clinical Negligence litigation and Healthcare Law. His case load is varied and includes a substantial number of cases of maximum severity and cerebral palsy. Paddy has successfully litigated many high value catastrophic injury claims and has the experience to administer these complex and demanding cases.

Paddy is Head of the Clinical Negligence Department in Campbell Fitzpatrick Solicitors. In general terms Paddy's practice touches upon all areas of medical and clinical practice. Paddy has significant experience in cases involving failure to diagnose cancer, failure to diagnose fractures and errors in gynaecological practice. He advises regularly in relation to common errors in surgical practice including cases concerning inadequate warnings/consent. His work also embraces negligence in the private sector including cosmetic surgery and dental claims. Paddy has handled and continues to handle many fatal claims, including representing clients at inquest. Since the advent of the Human Rights Act 1998, Paddy has regularly acted on behalf of patients and there families in cases concerning access to care and the allocation of resources for medical care. He also advises and has experience in litigating cases involving professionals allied to the medical profession including physiotherapists, midwives, occupational therapists etc. Paddy regularly provides training to doctors, nurses and lawyers in respect of clinical negligence. Paddy is also the only solicitor from Northern Ireland to be a member of the AvMA Specialist Clinical Negligence Panel. The AvMA ([Action Against Medical Accidents](#)) is a charity based in England which promotes better patient safety and justice for people who have been affected by medical accidents. Paddy is rightly regarded as a leading specialist in this field in Northern Ireland and is regularly consulted by colleagues within the profession and a broad range of print and broadcast media.

In addition to his substantial medical negligence practice, as noted elsewhere on this website, Campbell Fitzpatrick are the Solicitors for the Royal College of Nursing in Northern Ireland. Paddy is designated “lead partner” and is first point of contact between the Royal College of Nursing and this office. Once again Paddy has been advising the Royal College of Nursing and its members since 1995 across the full range of legal services including matters arising out of the course of employment, personal injuries and professional conduct matters. Paddy personally represents RCN members before the Nursing and Midwifery Council Conduct and Competence Committee. As lead partner to the Royal College of Nursing, for the purposes of legal services, he also provides regular workshops, lectures and presentations to the RCN, their members and related organisations on a wide variety of legal issues.

15.00        Tea

15.15        **CEMACH – Top 10 recommendations**  
Dr Angela Bell, CEMACH Regional Officer

15.30        **Documentation and record keeping**  
Ms Rosemary Wilson, The Beeches



Rosemary is the Service Level Agreement Co-ordinator for the Southern Health and Social Care Trust. She also works as a Barrister and her main area of practice is Clinical Negligence.

Rosemary lectures on all legal and professional aspects of healthcare throughout the life cycle from midwifery care to terminal nursing care.

Key aspects of the taught law is that of:

- Documentation and Record keeping
- Consent
- Confidentiality
- Negligence
- Care of vulnerable adults

- Child protection and
- Restraint

16.30      **Launch of SoM guidelines**  
Ms Verena Wallace, LSAMO, NI



**EVALUATION (Selected extracts)**

**LSA NI SoMs Study Day Corrs Corner Hotel, Newtownabbey  
19 NOVEMBER 2008**

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There were 40 delegates at the conference and 35 returned evaluation forms (87.5%)

**Q. Do you have any suggestions for future conferences/study days?**

1. Need for development of structure/guidelines – in the event of sudden unexpected death/maternal [*NI SOMs guidance on maternal death in final draft*]
2. Would have been good to hear Coroner speak [*Senior coroner for NI was invited speaker at SoMs conference in 2007/8*]
3. Mentoring of supervising students
4. Include mentoring as supervisors
5. What will be expected
6. Could explore more
7. Maternal Death Guideline [*NI SOMs guidance on maternal death in final draft*]- persons or departments to contact.
8. Multidisciplinary involvement.
9. Adapt Trust policy on sudden death for staff
10. Bullying in midwifery/domestic violence .....
25. The role of Supervisor in Governance & Risk Management [*SoMs workshops planned for 2009/10*]
26. Root cause analysis & the SOM [*SoMs workshops planned for 2009/10*]

**Q. What could have been improved?**

1. I enjoyed it all
2. An excellent day all round
3. A good support for new supervisors
4. Nothing. All very inspiring
5. Really enjoyed police input, maybe not all directly relevant, but fascinating and beneficial for future study days.....
- 29 Afternoon sessions much better than morning session, however found the pm session very beneficial to practice.
30. All presentations were excellent in that they generated thinking & discussion among participants

~END~



Northern Ireland LSAs

## **Accountability and Evidence – A&E for Supervisors of Midwives**

**LSA NI SoMs STUDY DAY  
Glenavon House Hotel, Cookstown  
19 February 2009**

- 09.00 Registration and coffee/tea
- 09.30 **Welcome** from the Chair  
Ms Eileen Pollock, The Beeches



Eileen is Senior Midwife Education Consultant and leads a team responsible for the provision of midwifery in-service education throughout Northern Ireland. This education programme of short courses, study days and consultancy, includes where appropriate, other health professionals involved in the care of pregnant women and their families. She is Course Director for The Return to Midwifery Practice programme.

From 2001-2006 Eileen was the Alternate midwife member of the Nursing & Midwifery Council and the Midwife member of the NMC Statutory Midwifery Committee. From 2001-September 2008 she was the Midwifery Due Regard Panellist on the NMC Fitness to Practise Investigating Committee



0935      **Preparation of Supervisors of Midwives (PoSoM) course**  
Ms Carolyn Moorhead, Queens University Belfast



Carolyn is Teaching Fellow Midwifery (Graduate and Continuing Education), School of Nursing & Midwifery, Queen's University Belfast and a Supervisor of Midwives.

1000      **NMC Update**

Dr Susan Way, Midwifery Adviser, NMC, London



The Midwifery Advisers are all experienced midwives who can offer advice and guidance to midwives, members of the public, registrants and local supervising authorities as well as the Midwifery Committee and Council. Each Adviser leads on key pieces of work arising from the midwifery work plan. All Advisers are able to give advice and guidance on all midwifery matters although some do have special interests.

Susan is lead professional advisor on projects relating to Maternity support workers, The NMC framework for reviewing LSAs and Supervision of Midwives. Susan also supports the NMC strategic reference group of Local Supervising Authority Midwifery Officers.

11.15      **Coffee**

11.45      **CEMACH – Top 10 recommendations**

Dr Angela Bell, CEMACH Regional Officer, N Ireland



Angela took on the role of CEMACH Regional Coordinator in January 2006 following her appointment to the HPA as Director of Maternal and Child Health. She worked as a consultant paediatrician with an interest in the newborn for 15 years at the Ulster Hospital, where she was also Clinical Director for Maternal and Child Health.

**12.00 LSA Update**  
Ms Verena Wallace, LSAMO, NI



Verena has worked in Scotland, London and Leeds in a variety of midwifery roles including as a Community Midwife, Consultant Midwife, Deputy Chief Nurse for Women's Services and Head of Midwifery. She has been a Supervisor of Midwives for over 10 years and was appointed as Local Supervising Authority Midwifery Officer (LSAMO) for Northern Ireland in 2007.

**12.30 Securing the Evidence – What does it mean?**  
SoCO

**13.00 Lunch**

**14.00 Accountability, Delegation and Documentation**  
Ms Rosemary Wilson, The Beeches



Rosemary is the Service Level Agreement Co-ordinator for the Southern Health and Social Care Trust. She also works as a Barrister and her main area of practice is Clinical Negligence. Rosemary lectures on all legal and professional aspects of healthcare throughout the life cycle from midwifery care to terminal nursing care. Key aspects of Rosemary's work are documentation and record keeping, consent, confidentiality, negligence, care of vulnerable adults, child protection and restraint.

15.00      **Tea**

15.15      **Negligence and the Midwife.**

Mr Patrick Mullarkey, Campbell Fitzpatrick, Belfast



Paddy has specialised in providing advices to private clients predominantly in association with Medical/Clinical Negligence litigation and Healthcare Law. In general terms Paddy's practice touches upon all areas of medical and clinical practice. Paddy has handled and continues to handle many fatal claims, including representing clients at inquest and is the only solicitor from Northern Ireland to be a member of the [Action Against Medical Accidents](#) (AvMA) Specialist Clinical Negligence Panel. Campbell Fitzpatrick are the Solicitors for the Royal College of Nursing in Northern Ireland. Paddy personally represents RCN members before the Nursing and Midwifery Council Conduct and Competence Committee. As lead partner to the Royal College of Nursing, for the purposes of legal services, he also provides regular workshops, lectures and presentations to the RCN, their members and related organisations on a wide variety of legal issues.

16.30 **FINISH**

## **EVALUATION (Selected extracts)**

### **LSA NI SoMs Study Day Glenavon Hotel, Cookstown 19 FEBRUARY 2009**

Number of Attendees: 44 delegates, seven speakers, one Chairwoman and LSAMO.  
Of the 44 delegates at the conference, 42 returned the evaluation form (95%).

#### **Q. To what extent were you satisfied with the following:**

The venue was graded as 'good – excellent; majority excellent (30)

The lunch was 'average – excellent'; majority excellent (29)

The conference as an opportunity for learning - 'average – excellent'; majority (35)

The conference overall 'good – excellent; majority excellent (25)

The speakers were graded as mainly excellent, with a range between two 'poor' and 37 'excellent'. The talks with the highest number of 'excellent' appreciation scores were:

- Accountability, Delegation & Records
- Midwives & Negligence
- LSA update
- CEMACH

**PHA for NORTHERN IRELAND - LSA Code 77**  
**ANNUAL STATISTICS FOR THE YEAR ENDING 2009-2010**  
**[Draft]**



**APPENDIX 5**

<b>TRUST:</b>	
<b>MATERNITY UNIT:</b>	
<b>FORM COMPLETED BY:</b>	
<b>CONTACT SoM:</b>	
<b>CONTACT E.MAIL:</b>	
<b>CONTACT TELEPHONE NUMBER:</b>	
<b>MATERNITY OUTCOMES</b>	<b>NUMBER</b>
Total number of babies born (including multiple births)	
Total number of women delivered	
Live births	
Stillbirths	
Vaginal Births in hospital or birth centres	
Planned home births	
Actual home births with midwife in attendance	
Unplanned home births with midwife in attendance	
Unplanned home births before an intended transfer to hospital (BBA)	
Vaginal breech births	
Maternal deaths	
Intrapartum related early neonatal deaths	
<b>PERCENTAGE</b> of women initiating breastfeeding	
<b>PERCENTAGE</b> of women exclusively breastfeeding on transfer to HV care	
<b>OBSTETRIC INTERVENTION AS % OF TOTAL BIRTHS</b>	<b>%</b>

Induction rate	
Epidural rate (for vaginal births)	
Total caesarean section rate	
Elective caesarean section rate	
Emergency caesarean section rate	
Instrumental birth rate	
<b>SUPERVISION DATA</b>	<b>NUMBER</b>
Total number of midwives supervised	
Total number of Supervisors of Midwives	
Ratio of Supervisors to Midwives (averaged out)	
What year was Birthrate Plus last undertaken?	
<b>MIDWIFERY developments - please list e.g. consultant midwife, Midwifery led care, waterbirth service, MSLC, practice development m/w, teenage pregnancy m/w etc</b>	
Please complete this form electronically and email to <a href="mailto:verena.wallace@hscni.net">verena.wallace@hscni.net</a> by 30 June 2010	

PUBLIC HEALTH AGENCY NORTHERN IRELAND LOCAL SUPERVISING  
AUTHORITY

[Draft] FORMAT FOR THE 2009 – 10 ANNUAL REPORT OF THE LOCAL  
SUPERVISION OF MIDWIVES  
FOR SUBMISSION TO THE LSA OFFICE BY 5<sup>th</sup> MAY 2010

**The following headings will assist Supervisors in writing their annual report - to produce an overview of the operation of the statutory function within the service in the past 12 months. This format will standardise information obtained between services across Northern Ireland and provide data for the 2009/10 Public Health Agency LSA Annual Report (Rule 16 of the Midwives rules and standards (NMC 2004)).**

**Front Sheet**

Unit Name

Title – e.g. Statutory Supervision of Midwives - Annual Report for 2009 - 2010

Date

**Information to be supplied under the following headings:**

**1. Midwives and Supervisors**

- Number of Supervisors of Midwives
- Number of midwives supervised
- Supervisor : Midwife ratio
- Update on nomination/selection/training/deselection/resignation of Supervisors

**2. Communication**

In house – to include:

- Details of how midwives contact their named Supervisor of midwives
- Details of how midwives contact a supervisor in an emergency
- What your contingencies are, if a supervisor is not contactable
- Update on meetings between supervisors/midwives/other personnel within the service
- Update on interactions with service users and/or external bodies
- Evidence of engagement with HEIs in relation to supervisory input into the education of student midwives.
- Electronic methods of communication and storing of supervision related data
- How you disseminated the 2008-2009 LSA Annual report with your key stakeholders

Within LSA:

- Informal networking to share good practice
- Networking Groups e.g. services on separate sites within one Trust
- Regional working groups
- Attendance at study days/forums/meetings

**3. Supervision Activities – How the practice of midwives is supervised**

In house – to include:

- Education of midwives around supervision
- Improvements in practice influenced by supervision
- Number of supervisory investigations carried out and outcomes
- Number of midwives who undertook supervised practice and summary of outcomes
- Any complaints about supervision?

#### **4. Involvement of Service Users**

- Information provided for service users about supervision
- How service users are involved in the maternity service
- How service users are involved in supervision
- Numbers and nature of requests to supervisors from women in challenging situations

#### **5. LSA Annual Audit of Supervision**

- To whom your LSA Audit report was circulated and feedback received
- Progress over the year on the LSA recommendations and supervisor's local action plan
- Details of presentations undertaken by Supervisors regarding the above

#### **6. Standards for Supervision**

- Method used to audit
- Most recent results
- Action planned regarding standards not fully achieved including date devised
- Progress on action plan to date
- Strategy to ensure that all Supervisors meet NMC requirement of 6 hours per year Continued Professional Development specific to statutory supervision

#### **7. Developing Trends Affecting Midwifery Practice**

For example:

- Increase in birth rate
- Increase in home births
- Increase in caesarean section rate
- Rise in minority groups as percentage of service users
- Frequency of temporary unit closures
- How you utilised the trend data within the 2008-09 LSA Annual report

#### **8. Challenges faced by Supervisors of Midwives**

For example:

- Lack of remuneration for undertaking the role
- Lack of dedicated resources such as secretarial support
- Lack of protected time to carry out the statutory function

#### **9. Future of Supervision within Unit**

- Current issues to address
- Future plans for supervision within the Unit, including succession planning
- Need for LSA assistance?



## **10. Conclusion**

### **Suggested Appendices**

- Local supervision strategy
- Terms of reference for Supervisors of Midwives meetings
- Examples of local information produced on supervision – for midwives and service users
- Papers presented on supervision

## Appendix 7

### Email Communication with NI SoMs re the annual Intention to Practice forms

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Verena Wallace/NHSSB

07/01/2009 14:12

To: All SOMs [named removed]

Subject

Midwives ITPs for 2009/2010

Dear SOMs

Midwives will be receiving this year's Intention to Practice (ITP) form in the next week. I believe that this year's form will be pink.

Because of the demise of the Boards at the end of March there are a few points to note this year:

The new LSA for 2009/2010 is RAPHSW (Regional Agency for Public Health and Social Well-being) and the new LSA code is: 77

Please send copies of completed ITPs to the appropriate Board (current LSA) that you work within e.g.

[xxx] at NHSSB HQ, County Hall, 182 Galgorm Road, Ballymena BT42 1QB[yyy] at WHSSB HQ, 15 Gransha Park, Clooney Road, Londonderry, BT 47 6FN[zzz] at SHSSB HQ, Tower Hill, Armagh, BT61 9DR  
[aaa] at EHSSB HQ, 12-22 Linenhall Street, Belfast BT2 8BS

Please return all ITPs to your Board/LSA by end of February and do not 'batch' them, send them in as you get them.

ITPs relating to the forthcoming practice year (2009/2010) will be entered onto the UK wide LSA database at each of the Boards. Training for SOMs on the use of the UK wide LSA database will take place subsequently.

As an aide memoire I attach a partially 'filled in' sample frontsheet and two slides (powerpoint presentation) giving the pertinent points for midwives. Please print off and put both on your SOM noticeboards. When the proper ITPs are received there will be a back page as well and two pages of 'explanatory notes'.

I trust this is helpful

Many thanks

P.S Any ITPs relating to this practice year i.e. 2008/9 to be submitted as usual using the current LSA codes.

**UPDATED LSA REVIEW FRAMEWORK (NMC 25.09.09)**

**Updating LSA review framework (NMC 25.9.09)**

**Uptake of annual reviews**

**1. Ensuring a midwife is fit to practise**

- 1.1 The process for each year's ITP is sent to all SoMs on email. 2008/9 was the last year that the LSAMO checked the ITP forms by hand. This was imprecise but gave an impression that only a very small number of ITPs did not have a date of an annual review in the last year. Those cases were scrutinised and in many cases, follow-up indicated absence of some kind, often long-term illness or maternity leave as the reason for non-compliance.

The use of the LSA database from 2009 onwards will ensure that it will be easier to pick up on non-compliance with annual reviews on the approximately 1400 midwives in NI. This can be checked at the LSA audit and become part of the action plan for the SoMs.

Audit of Records. Practice varies from SoMs in the Southern Trust who audit several sets of notes as part of the SoMs annual review, some in the Western Trust carry out random audits of antenatal notes in clinic as well as working with the audit department to audit notes in a multidisciplinary context. The SoMs in Causeway have run road shows in previous supervisory years to demonstrate common mistakes and highlight good practice.

The new annual review tool will include a record keeping audit tool for use by SoMs with their supervisees. NIPEC and the LSAMO new document will be ready for use on Northern Ireland in November 2009.

- 1.2 The LSAMO is involved in the curriculum planning of both midwifery and PoSoM courses at Queen's University Belfast. The LSA and SoMs teach on both courses and Trusts receive feedback on students' views of placements.

Transfer of Supervisory records. From November 2008 the LSAs in N Ireland adopted the national guideline B 'Retention and transfer of record relating to statutory supervision. The use of the national guidance and the LSA database from April 2009 means that there should be evidence of transfer of supervisory records that can be checked at the LSA audits.

**2. Investigation of a midwife's impaired fitness to practise**

- 2.1 There is ongoing training with SoMs over the last two years on report writing (Bond Solon), the adoption of the national guidelines for Supervisors of Midwives where guideline L is 'Investigation of a midwife's fitness to practise' and a planned 'masterclass' on the triggers, for and subsequent use of the guidelines by LSAMOs for SoMs in NI in 2009/2010.
- 2.2 There is evidence of the use of the guideline within the LSA and improved investigation processes.
- 2.3 There are two midwives from Ni suspended from practice, one in 2007/8 and one in 2009/2010. The suspension was discussed with the NMC by LSAMO prior to suspension.

### **3. Supervision of the practice of midwives**

- 3.1 Annual audits of practice and supervision of midwives take place in N Ireland.

### **4. Framework to support the function of supervision**

- 4.1 The NMC standard of 1: 15 for Supervisors of Midwives to midwives is achieved and can be confirmed by the LSA database.
- 4.2 The LSA host organisation is new but already engaged with supervision of midwives. Reports or issues have been presented to the Agency Management team and the LSAMO involved in presenting to the PHA Board. The LSA works closely with the Director of Nursing and AHPs on midwifery issues and is supported in the work around supervision of midwives.
- 4.3 The new LSA is very supportive of supervision of midwives and fully engaged in its development.
- 4.4 The LSAMO communicates by email with all the SoMs. The few who do not have Trust email addresses have secure email addresses for communication around supervision of midwives. By the end of 2009/2010 all SoMs will have Trust email addresses. In addition to email communication the LSAMO regularly visits maternity units and SoMs on both informal and formal occasion such as attendance at local SoMs meetings
- 4.5 NI has had two NMC review in 2009 and would anticipate a review in 2010/2011.
- 4.6 The LSAMO is managed by the Director of Nursing and AHPs in the PHA. She meets regularly with the NMC and consults the midwifery advisers as needed. The LSAMO represents the LSAMOs on the NMC's revalidation project, initiated in 2009. She is also a LSA

reviewer for the NMC and has been part of a review team in Wales and the North West of England.

## **5. Supervisor of Midwives - fit for purpose**

The LSA has involved users in the selection process for SoMs in 2009/10. The commissioning process for education means that from 2009/2010 and following the national guideline and discussion with the course leaders, interview for the next Preparation of Supervisors of Midwives course will take place in early June 2009.

The PoSoM course has been reviewed by the NMC (HSLP) and may be reviewed again in 2009/2010.

- 5.3 There are two Bond Solon legal training days for up to 20 SoMs twice a year on report writing and giving evidence, a SoMs study day, plus workshops, meetings and the opportunity to participate in LSA audits.
- 5.4 The use of the LSA database from 2009/2010 will add another tool to enable the LSAMO to identify poor practice of a SoM.

## **6. Woman-centre, evidence-based maternity care**

- 6.1 SoMs and LSA MO led a multidisciplinary group that have produced an evidence based, maternity hand held record that links to the NI Maternity Information system and it intended for use from 'booking' until the end of community postnatal care.
- 6.2 All Trusts should have a Maternity Services Liaison Committee by November 2009 building on the good examples already in place such as Mother's Voice in the Western area. The speakers for the study days for SoMs in 2009/2010 will include users.
- 6.3 Users have been sought as member of the LSA audit teams for 2009/2010. Users of the services have previously been met and spoken to the audit team in some units, and this is being enhanced and developed in 2009/2010.