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

Southern Health & Social Services Board NORTHERN IRELAND

1 April 2005 – 31 March 2006

September 2006

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FOREWORD

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

The protection of women and children through effective midwifery supervision is highlighted again in this year's report. This is reflected in the work done to incorporate the objectives of clinical and social care governance into midwifery supervisory practice and the improved access to midwifery supervisors. Three LSAs (Northern, Western & Southern Health and Social Services Boards) appointed a part-time, seconded LSA midwifery Officer (LSAMO) in January 2006. The Link Supervisor of Midwives and all the supervisors have continued to contribute to clinical audit, standard setting, research and evidence based practice.

Throughout the last year, the Nursing and Midwifery Council (NMC) have consulted extensively on a review of pre-registration midwifery education, Standards for the Preparation and Practice of Supervisors of Midwives and the development of a policy for overseas-trained midwives. The LSAMO and Supervisors of Midwives have contributed to all these consultations through a variety of forums.

The LSAs, LSAMO, Link Supervisors and the Supervisors of Midwives are keen to continue the development of midwifery supervision, building on the good work already done. The Midwives Rules and Standards set out an agenda for change which will utilise the skills of the supervisors of midwives to develop the maternity services in the three board areas.

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

Verena Wallace

LSAMO for the Northern, Western & Southern Health and Social Services Boards

Supervision of Midwifery

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

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

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

Every midwife therefore comes under the supervision of a local supervising authority, geographic areas that are responsible for ensuring supervision is undertaken that meets the NMC standards. In Northern Ireland these areas are the Health and Social Services Boards.

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

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

LSA Report

This report follows the outline received from the NMC in June 2006 relating to the presentation required to fulfil rule 16 in the NMC's Midwives rules and standards, 2004.

Southern Health & Social Services Board

Maternity Services in the Southern Health and Social Services Board

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

TRUSTS	SERVICES	LOCATION
Craigavon Area Hospital Group Trust	Hospital Maternity Services	Craigavon Area Hospital Group Trust
Newry and Mourne HSS Trust	Integrated Hospital and Community Services	Daisy Hill Hospital and in Newry and Mourne area
Craigavon and Banbridge Community HSS Trust	Community Midwifery	Portadown, Lurgan Craigavon and Banbridge
Armagh and Dungannon HSS Trust	Community Midwifery	Armagh and Dungannon area

1. Each local supervising authority will ensure their report is made available to the public

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

2. Supervisor of Midwives Appointments, Resignations and Removals

Appointments: 2 Resignations: 0 Removals: 0

There were no trends identified over the previous 3 years.

Year	2002 - 2003	2003 - 2004	2004 - 2005
Appointments	0	0	2
Resignations	0	0	0
Removals	0	0	0

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

Each midwife is allocated a named supervisor of midwives on an annual basis. Each midwife can select and if they wish, change their supervisor of midwives. All midwives are provided with a local handbook, "Information about Supervision of Midwives in the Southern Health and Social Services Board". The "Midwife Held Supervision Profile" contains all supervisors' names and contact details.

Formal on–call and availability arrangements, which ensure 24-hour cover are not in place, but are planned for 2006/7. Informally, the profile states that 'if you have an issue and you need professional guidance, and your supervisor is not available, or you wish to discuss this matter with a different supervisor, contact anyone on this list.' A Supervisor of Midwives can also be contacted via the delivery suites at Daisy Hill or Craigavon Area Hospitals.

4. How is the practice of midwives supervised?

Midwives who join the workforce in the Board's area are informed of the name of their Supervisor of Midwives. There is the opportunity to change supervisors if the midwife so wishes.

The Supervisor sends each midwife two booklets, "Information about Supervision of Midwives in the Southern Health and Social Services

Board" and "Midwife Held Supervision Profile". These booklets inform the midwife how supervision works in the Board's area and how the midwife can make the most of supervision for developing her own practice.

Supervisors of midwives meet at least once a year with the majority of midwives to undertake the annual Supervisory Review. Using the Midwife held Supervision Profile, practice is reviewed, training needs identified and an Action Plan developed to facilitate the meeting of identified issues. The Supervisor is available at other times to support the midwife with matters relating to the midwife's practice.

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

5. Service user involvement in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits

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

Service users have not, to date, been involved in monitoring supervision of midwives. It is intended that in the future, women who are service users will be part of the annual auditing process involving the NMC and the Local Supervising Authority Midwifery Officer (appointed in January 2006).

Audits of practice are planned for 2006/7.

6. Engagement with higher education institutions in relation to midwifery education programmes

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

The midwifery teaching fellow, responsible for the provision of the Preparation Module for Supervisors at Queen's University is a Supervisor in the Southern Board.

Supervisors are included in the curriculum planning teams for pre and post-registration midwifery education and in the provision of in-service education for midwives.

7. New policies related to the supervision of midwives

Policies and guidelines are under review in the light of the Midwives Rules and Standards. (NMC 2004).

The LSAMO is developing a set of guidelines for Supervisors of Midwives and a copy will be made available to each Supervisor of Midwives in the autumn 2006.

8. Developing trends affecting midwifery practice in the LSA

Clinical Activity

Live/stillbirths born in Craigavon Area Hospital Jan-Dec 2005

Board of Residence	Live	Still
Eire	19	0
EHSSB	89	0
NHSSB	126	0
WHSSB	156	0
SHSSB	2764	17
Scottish Health	1	0
Authority		
Totals	3155	17

Live/stillbirths born in Daisy Hill Hospital Jan-Dec 2005

Board of Residence	Live	Still
Eire	298	4
EHSSB	71	2
NHSSB	0	0

WHSSB	1	0
SHSSB	1552	3
Totals	1922	9

SHSSB Totals

Year	Live	Still
2005	5077	26
2004	4981	12
2003	4549	25

Developing trends that affect midwifery practice in the Local Supervising Authority.

These trends include:

- 29% of the midwifery workforce are over the age of 51 and have the potential to retire within the next 5 years.
- The number of midwives completing pre-registration training does not meet the demands for recruitment.
- Increase in the number of births in the Southern Board area.
- Increase in the number of caesarean sections.
- Women are increasingly being discharged home earlier.
- The number of women of ethnic minority backgrounds accessing the maternity services has increased.
- Rising expectation of women and their families.
- Wider choice in the type of midwifery and obstetric care/continuing needs to meet the public health needs of women.
- Addressing social needs and deprivation.
- Involvement of midwives in Surestart Programmes.

<u>Details of the number of complaints regarding the discharge of the supervisory function</u>

• No complaints have been received.

Developments in the Midwifery Services

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

- Anti-D prophylaxis for Rhesus D Negative women Antenatal Screening.
- Changes to the Newborn Blood Spot Screening Programme
- Neonatal Hearing Screening
- Hall IV (Health for All Children)

Armagh and Dungannon Community Trust report that:

- The role of the midwife within the Surestart area of Ballysaggart and Clogher Valley is expanding. The midwife now assesses, identifies, agrees and addresses health and social needs with parents to be on an ongoing basis throughout the pregnancy. The expansion of the role was piloted for 6 months, April September 2005 and then audited. There is more involvement with fathers-to-be within the Surestart areas. Pregnant women with Surestart are now offered Yoga and Reflexology.
- Baby massage classes are being offered to mothers across the Trust.
- The Community Trust is working towards Baby Friendly commitment.
- Lay breastfeeding counsellors are continuing to be trained.
- There are currently 6 Breastfeeding Support Groups across the Trust.
- The number of Midwife Led Antenatal Clinics are increasing. Most of these are now paperless, with midwives developing their information and technology skills.

Newry and Mourne Integrated Maternity Services report that:

• Peer Support: Breastfeeding has developed within South Armagh Women's Health Initiative. The Southern Health and Social Services Board provide joint training for these women.

- Midwives now provide a Scanning Clinic based in the Maternity Outpatient's Department.
- Midwives and Supervisors have an active role in the Clinical Risk Multidisciplinary Group.
- Newry and South Armagh areas have commenced a Surestart Project with a midwife in each area.
- Midwives are pursuing the Baby Friendly Certificate of Commitment.
- Talks have commenced regarding the development of a Midwifery Led area within the Delivery Suite.

Craigavon Area Hospital Group Trust report that:

- 2 midwives provide a smoking cessation service to women antenatally and in the postnatal period.
- Delivery Suite and the Midwifery Led Unit have developed joint guidelines for the Care of Women in Normal Labour.
- Three midwives have completed training for the examination of the newborn. They form part of the team providing a service to babies in the Midwifery Led Unit. This service is to be further developed to the postnatal wards.
- Midwives have set up a joint antenatal/parenteraft clinic for teenage mothers. This service has been developed in partnership with teenagers' mothers.
- Two midwives are now midwife prescribers in the Midwifery Led Unit.

Craigavon and Banbridge Community Trust report that:

- Midwives continue to promote community based women centred care.
- 21 Antenatal Clinics are held each week across the Trust area, 18 of which are midwife led.

- Care is provided in recognition of key recommendations 1 & 2 of the NICE Guidelines Routine Care for Health Pregnant Women (2003).
- In response to the increased number of black and ethnic minority families coming into the Trust area, the community midwives, in trying to meet the needs of these women, are increasingly accessing the interpreting services and have had a number of health promotion leaflets translated into Portuguese, i.e.
 - antenatal visiting card;
 - heel prick test;
 - reducing the risk of cot death;
 - contraceptive choices;
 - breast awareness
- The Surestart Programme in Portadown has community midwifery input, which has shown benefits in the breastfeeding rates in that area.
- The Community Midwifery Team continues to promote breastfeeding throughout the area.

Training:-

- Community midwives have received training in recognising and responding to domestic violence.
- Training for midwives in the prevention, detection and management of maternal depression is ongoing.
- Clinical updating in obstetric emergencies and neonatal resuscitation continues as recommended in the Confidential Enquiries.
- Raising awareness of domestic violence with all antenatal women has been integrated into routine practice and is now included in the antenatal midwifery records.
- Professional development one community midwife has also completed the extended nurse-prescribing course.

9. Complaints regarding the discharge of the supervisory function

There were no complaints regarding the discharge of the supervisory function.

10. Local supervising authority investigations undertaken during the year

There was one LSA investigation undertaken during the report year.

Signature Chief Executive
SHSSB:
Colm Donaghy
Chief Executive SHSSB
Tower Hill
Armagh
BT61 9DR
Signature LSAMO
SHSSB:
Verena Wallace
LSAMO
c/o Maternity Unit
Causeway Hospital
Newbridge Road
Coleraine BT52 1HS

NMC

Supervision of Midwives in the United Kingdom

All Midwives in the United Kingdom have a named Supervisor of Midwives. This is a statutory provision for the profession whether midwives practise in hospital, the community or privately. The role of the Supervisor of Midwives is only provided in the United Kingdom, no other country in the world has this professional support as statutory to the practice of midwifery.

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Every midwife therefore comes under the supervision of a local supervising authority, geographic areas that are responsible for ensuring supervision is undertaken that meets the NMC standards. In England these areas are the Strategic Health Authorities; **Northern Ireland - Health and Social Services Boards**; Scotland – Health Boards and Wales – Health Care Inspectorate. Women can contact the Local Supervising Authority directly if she has concerns about access to midwife care or if she has concerns about standards of care that she has experienced.

Each local supervising authority, employs local supervising authority 'midwifery officers' to act on their behalf and to be an essential point of contact for midwives who seek guidance in relation to their practice or women who require information about local services.

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Reference

NMC: www.nmc-uk.org. 25 August 2006