



W E S T E R N

HEALTH AND SOCIAL SERVICES BOARD

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

**Western Health & Social Services Board
NORTHERN IRELAND**

1 April 2005 – 31 March 2006

September 2006

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FOREWORD

The Western 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. The LSA appointed a part-time, seconded LSA midwifery Officer (LSAMO) for three boards (Northern, Western & Southern Health and Social Services Boards) in January 2006. The Link Supervisor of Midwives and all the supervisors continue 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 Trusts and the Boards 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.

**Annual LSA Report
April 2005-March 2006**

Western Health & Social Services Board

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

Supervisors of Midwives supervise midwives in the Western Health and Social Services Board (the Board) in the Health and Social Services Trusts that provide maternity services.

TRUSTS	SERVICES	LOCATION
Altnagelvin HSST	Integrated Hospital and Community Services	Altnagelvin Area Hospital Group Trust, Londonderry
Sperrin Lakeland HSST	Integrated Hospital and Community Services	Erne Hospital , Enniskillen

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 WHSSB, Libraries and the Maternity Services Liaison Committees (Mothers Voice and the Southern Sector MSLC). It is also available on the Board's website.

2. Supervisor of Midwives Appointments, Resignations and Removals

Appointments: 3
Resignations: 1
Removals: 0

No trends identified over the previous 3 years.

Year	2002 - 2003	2003 - 2004	2004 – 2005
Appointments	1	2	0
Resignations	1	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, “Guidance on Supervision of Midwives” which contains all supervisors’ names and contact details. Formal on-call and availability arrangements to ensure 24-hour cover are not in place, but are planned for 2006/7. Informally, a Supervisor of Midwives can be contacted throughout the 24-hour period via the delivery suite at Altnagelvin and the Erne Hospitals.

4. How is the practice of midwives supervised?

All midwives are introduced to the mechanism of supervision at their annual interview. A copy of their Intention to Practice form commences their supervisory file, which is retained by their supervisor of midwives. Midwives are encouraged to access their supervisor for their annual supervisory review. The requirement for the supervisor's signature on the NMC's annual Intention to Practice (ITP) form has ensured almost 100% compliance with the annual supervisory review. Clinical risk management within Maternity Units is being driven by Supervisors of Midwives allowing for early identification and action to prevent reoccurrence of any clinical concerns or difficulties.

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

Supervisors of Midwives are active members of the local Maternity Services Liaison Committees (Mothers Voice and Southern Sector MSLC) who ensure the views and voice of the

service users inform the development of Maternity Services. Information pertinent to statutory supervision is published through newsletters, notice boards, e-mail and reports. Users provide comments on draft guidelines, consultations and questionnaires regarding improvement to the service. Users have participated in the service improvement projects e.g. Developing Ante Natal Care Excellence (DANCE), and Maternal and Fetal Assessment unit.

A LSAMO was appointed in January 2006 and audit visits are planned for 2006/7.

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

Supervisors of Midwives contribute to the education programmes leading to registration as a midwife and for those undertaking the Return to Midwifery practice module. They also contribute to education programmes for continuous professional development of all practising Midwives.

Supervisors of Midwives are represented on the curriculum planning teams for pre and post registration midwifery education. Supervisors of Midwives contribute to the teaching of students and midwives regarding the role and functions of statutory supervision and assessment of those returning to practice.

Supervisors of Midwives liaise with midwifery teachers and are involved in the commissioning of pre and post midwifery education. In January 2005 a Supervisor of Midwives was appointed to a joint post between Queens University Belfast and Altnagelvin Trust as lecturer practitioner.

7. New policies related to the supervision of midwives

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

Supervisors of Midwives are involved in the development of new guidelines and policies for maternity services throughout the board area.

8. Developing trends affecting midwifery practice in the LSA

Developing trends affecting midwifery practice in the LSA: -

1 Teenage Pregnancy Co-Ordinator

A midwife based in Altnagelvin Hospital has a caseload of teenage mothers and provides specialised parentcraft for teenagers.

2 Waterbirth

Midwives have ongoing training in waterbirths as this is an increasing demand.

3 Yogacise

This has been implemented as part of parentcraft and is led by a midwife.

4 Examination of the Newborn

There is an ongoing training programme for hospital midwives.

5 Aquanatal

Classes are successfully running in Strabane and planned for Limavady.

6 UNICEF Baby Friendly

Altnagelvin and Foyle Trust have accreditation as Baby Friendly.

7 Reflexology

This is a developing service.

8 Smoking Cessation

All midwives give basic advice about smoking cessation at booking and throughout pregnancy.

9 Developing new maternity notes

Midwives and Supervisors are involved in the development of new hand-held maternity notes

10 Three midwives trained in Ventouse Extraction
These midwives work on the delivery suite in Altnagelvin

11 Seven midwives trained in Ultrasound Scanning.
These midwives work throughout Altnagelvin Hospital

Service improvement projects: -

- 1 DANCE (Developing Ante Natal Care Excellence) - Altnagelvin
- 2 Maternal and Fetal Assessment Unit - Altnagelvin.

Clinical Activity

Altnagelvin Trust Birth Statistics

April 2005 – March 2006.

Procedure	Number	%
Total Confinements	2632	-
Total births (L+SB)	2657	-
Live Births	2647	99.6
Still Births	10	0.37
Normal Deliveries	1592	60
Forceps Deliveries	107	4
Vacuum Deliveries	213	8
Emergency C/S	322	12
Elective C/S	287	11
Induction	776	29

Sperrin Lakeland Trust Birth Statistics

April 2005-March 2006

Procedure	Number	%
Total deliveries for year	1221	-
Normal deliveries	757	61.9
Ventouse del.	101	8.2
Forceps	35	2.8
Waterbirths	26	2.1
Caesarean sections	297	24.3
Twin	12 (8 delivered by c/s and 4 sets were vaginal births)	0.98
Assisted breech	1	0.08
Neonatal death	2 (One was 19-week twin who was born alive and the other was a term baby).	0.16
Maternal death	1 (11+ months post delivery with cancer).	-

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 were no LSA investigations undertaken during the report year.

Signature Chief Executive

WHSSB:.....

Dominic Burke

Chief Executive WHSSB

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Signature LSAMO

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Appendix 1

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.

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. Trusts are also required to pay remuneration for various duties that the Supervisor of Midwives performs.

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.

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.”

Reference

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