



Western Health & Social Services Board (LSA)

Annual Report to the Nursing and Midwifery Council

1 April 2007 – 31 March 2008

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LSAMO**

September 2008

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1. **Executive Summary**

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

The LSAMO, Supervisors of Midwives from around Northern Ireland and Midwifery Department at Queen's University Belfast worked together to update the curriculum for the Supervisor of Midwives course in light of recent guidance from the NMC (Standards for the Preparation and Practice of Supervisors of Midwives; NMC 2006). The course was approved and the new programme commenced in February 2008.

During 2007/08, UK-wide guidelines for midwifery supervision, originating from the UK-wide network of LSAMOs, were reviewed and commented on by Supervisor of Midwives in Northern Ireland.

Two successful conference days for Supervisors were held on 9 May and 13 November 2007. The theme on both days was "Records, Reports and Referrals" and the Senior Coroner for Northern Ireland was one of the speakers.

In addition a two-day medico-legal workshop for Supervisors of Midwives covering 'Excellence in Statement & Report Writing' and 'Witness Skills for Courts, Inquiries & Tribunals' was held on 7 & 8 February 2008.

2. Introduction

Purpose of the Report

The 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 reflected in the work done to incorporate the objectives of clinical and social care governance into midwifery supervisory practice and the improved access to midwifery supervisors.

The four LSAs in Northern Ireland (Northern, Western, Southern and Eastern Health and Social Services Boards) appointed a full time LSA Midwifery Officer (LSAMO) in May 2007. The Supervisors of Midwives have continued to contribute to clinical audit, standard setting and evidence based practice.

The LSAMO and Supervisors of Midwives have contributed to NMC consultations through a variety of forums as requested.

The LSAs, LSAMO and the Supervisors of Midwives 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 Board's area.

The work of the LSA's Supervisor of Midwives and the commitment and support given by the Board and Trusts to their role is a partnership. The aim is to have effective supervision

embedded in practice to ensure the highest standards of care and best outcomes for mothers and babies.

LSA Report

This report follows the outline received from the NMC in June 2008 relating to the presentation required to fulfil Rule 16 in the NMC's Midwives Rules and Standards (NMC 2004).

The WHSSB

Northern Ireland covers an area of 14,160.5 square kilometres and has a population of 1,741,619 (NISRA 2006 mid year estimate)

The Western Board serves a population of approximately 293,000 people who live in the District Council areas of Derry, Fermanagh, Limavady, Strabane and Omagh.

The WHSSB includes Northern Ireland's second largest city as well as some of its most remote and marginal rural areas. Levels of deprivation, both rural and urban, are amongst the worst in the province. The population has more young and fewer old people than Northern Ireland generally.

The WHSSB works closely with Primary Care, the Western Health and Social Care Trust and with other Trusts in Northern Ireland.

The Western Health and Social Care Trust was formed on 1 April 2007, bringing together the former Altnagelvin, Foyle and Sperrin Lakeland Trusts. The two maternity units within the Trust are Altnagelvin in Londonderry and the Erne in Enniskillen. The Trust provides acute hospital, community health and social services to the Western Health and Social Services Board (WHSSB) population.

WHSSB has a growing population. Since 1981, the population has increased by 42,285 people, a 17% rise. The WHSSB has one of the highest percentages of young people aged less than 18 years (26.5%) (NI 25%) and has the lowest percentage of

older people aged 65+ (12%) (NI 14%) of all the Board areas in Northern Ireland.

The birth rate in the WHSSB area is 13.4 per 1,000 population, slightly above the NI average of 12.9 per 1,000 population. In the WHSSB area Derry City Council Area has the highest birth rate (14.3 per 1,000 population) and Fermanagh District Council Area has the lowest (12.3 per 1,000 population).

The people of the Western area live in urban and in rural areas, with population densities ranging from 279 people per km² in Derry to 32 people per km² in Fermanagh.

The five District Council areas in the WHSSB area are in the top eleven of the most deprived District Council areas in Northern Ireland (Northern Ireland Multiple Deprivation Measure 2005). Strabane is the most deprived district in Northern Ireland. Brandywell Ward in Derry is the most deprived ward in the WHSSB area and is ranked the sixth most deprived ward area in Northern Ireland.

Life expectancy in Northern Ireland for women is longer than for men. Females born between 2004-2006 can expect to live for 81 years compared to 76 years for males. The WHSSB area has a lower life expectancy than the Northern Ireland average. Derry has the lowest female life expectancy of all 26 districts in Northern Ireland (79.4 years).

Maternal Health

The Board continues to support the key principles for high quality standards for Maternity Services in the West. Over the last year the Board has worked closely with the Trust to focus on the improvement of services to local women via implementation of the NICE guidelines for Antenatal and Postnatal care.

The Board has taken forward the consultation and training programme in preparation for the launch of the Western Area

Maternal Mental Health Pathway which provides guidelines for professionals in acute, primary and mental health teams to support and provide early intervention services for women during and following pregnancy.

The Trust has also been involved with the Board in mainstreaming service improvement projects for antenatal care and fetal assessment services.

In July 2007 the DHSSPS asked the WHSSB:

“To review the case for and identify the service implications of the establishment of a community midwifery unit in the Omagh area of the South West of Northern Ireland. This should take account of;

- the need to provide safe sustainable maternity services (including transfer arrangements) to the population of the Western Health and Social Services Board;*
- the views of all relevant stakeholders;*
- the impact on other services.*

In conducting the work, consideration will be given to issues including the potential impact on maternity services in the Erne Hospital and on Altnagelvin, training issues for relevant staff around child birth and a review of related protocols.”

A range of key stakeholders including the LSAMO were involved in the Project Board and consultation workshops were facilitated by the Board to capture the views of the local population and professionals. The DHSSPS requested that the work be completed by 15 December 2007. The Department has not yet taken a final decision on the outcome of this work.

The delivery of Health and Social Care in the area will be transformed with an investment of £450 million to construct two state of the art hospitals. A New Acute Hospital, including maternity, will be built north of Enniskillen and open in early 2012, closely followed by the New Omagh Hospital Complex, planned to open in 2013.

WHSSB Maternity Units

The maternity service is in transition following the formation of the new Trust in April 2007. Work is ongoing to integrate services across the two Maternity Units and communities. There is dynamic midwifery leadership and a positive, proactive approach within midwifery and midwifery supervision. The maternity service has a written strategy - 'Strategy for Statutory Supervision of Midwives in the Western Area Trust' (WHST April 2007) to help confirm its direction within the new Trust.

Altnagelvin

In 2007/8 a snapshot of the maternity service at Altnagelvin indicated 2621 births, delivered by 2562 women and with a Caesarean section rate of 27%. The unit is consultant-led with a Neonatal Unit and an integrated hospital and community midwifery service offering choice around shared care, homebirth, Domino birth, hospital birth, waterbirths and six hour discharge. There were less than 10 home births in 2006/07.

The Unit has a proactive Maternity Services Liaison Committee (Mother's Voice) that recently commissioned research from the University of Ulster (UU) around the needs and views of Maternity Service Users (Birth Matters; UU and Mother's Voice October 2007). Innovative work over the last year which SoMs have developed or been involved in includes the Delivering Healthy Maternity Services (the DANCE Project), Antenatal Yogacise, Reflexology and Aquanatal classes and Breastfeeding peer support. The unit is Baby Friendly (UNICEF accredited) and has midwife ventouse practitioners.

Supervisors of Midwives (SoMs) are involved in a wide range of audits including, for example, auditing fetal monitoring, shoulder dystocia and post partum haemorrhage. Protocols and Pathways, such as the Maternal Mental Health Pathway, have been developed and a range of training has been available to midwives and SoMs including midwifery emergencies, Advanced Life Support in Obstetrics (ALSO), Neonatal Life Support (NLS) and Examination of the Newborn.

Altnagelvin has a good ratio of Supervisors of Midwives to midwives (1:15-20) with more trainee SoMs preparing for the next course at QUB in 2008. There are two allocated SoMs for student midwives. The Supervisors of Midwives were seen by midwives as supportive sources of clinical knowledge and guidance and the SoMs's 24 hour contact rota is welcome.

There is a comprehensive approach to feedback and trend analysis of critical incidents and midwives were able to describe where new guidance had been an outcome of this work. There are regular 'skills and drills' training sessions and weekly case reviews which are multiprofessional. Midwives comment on guidelines and Supervisors of Midwives lead and contribute to their development. Systems are in place in respect of clinical governance and analysis takes place as evidenced by the recent swift identification of a cluster of neonatal deaths and ensuing action taken both within maternity services and the Trust.

There is a need for all SoMs to ensure their portfolios show how they meet NMC PREP requirements for supervision. SoMs should have allocated time within their job to carry out midwifery supervision and access to secretarial support. In the next year SoMs should arrange to audit maternity records and work on a more robust approach to regularly update guidelines in light of new evidence-based guidance on maternity care as well as monitoring the training of staff on usage of maternity services equipment.

The Erne

A snapshot of the service at The Erne indicated 1247 births in 2006/07. The Unit is consultant-led with a developing integrated midwifery service, a Neonatal Unit with six cots at Level 2 and Day Obstetric Unit.

The Delivery Suite has six rooms, one of which will be used as a theatre during refurbishment and a water birth service. In the last three years there have been 68 waterbirths. The Unit is

working toward UNICEF 'baby friendly' status. There has been a vibrant Maternity Service Liaison Committee in the past, but it now needs impetus and focus. Birthrate Plus reported in 2007 and the service is considering the report. The Erne's lack of permanent midwifery leadership at the level of Head of Midwifery/equivalent is of concern although senior midwives have 'acted up' in this leadership role.

The Erne does not quite achieve the Nursing and Midwifery Council (NMC) standard for ratio of Supervisors of Midwives to midwives (1:15), but there will be midwives attending the next SoMs course at QUB. The Supervisors of Midwives were seen by midwives as sources of clinical knowledge and guidance. SoMs recently initiated a 24-hour rota for contacting a SoM.

There was acknowledgement of access to 'skills and drills' training and external courses such as the Advanced Life Support in Obstetrics (ALSO) for midwives at the Erne. Some of the available evidence based guidelines were in need of updating in light of new national guidance on maternity care. There should be a more robust approach to regularly updating guidelines and having regular, documented 'skills and drills' for all midwives, including community. There is a need for an allocated SoM for student midwives and more evidence of all SoMs developing their portfolios to show that they meet NMC PREP requirements for supervision.

Issues identified were midwifery leadership, the temporary dismantling of the birthing pool due to theatre refurbishment, and staffing levels. Systems are in place around clinical governance, but midwives would appreciate feedback at ward level, trend analysis and more reflective practice in relation to clinical incidents. Secretarial support and storage space would support the SoM role.

WHSSB

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3. Each Local Supervising Authority will ensure their report is made available to the public

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

4 Numbers of Supervisor of Midwives appointments, resignations and removals

Appointments: 4

Resignations: 1

Removals: 0

Year	2002 - 2003	2003 - 2004	2004 – 2005	2006-2007
Appointments	1	2	0	3
Resignations	1	0	0	1
Removals	0	0	0	0

5 Details of how midwives are provided with continuous access to a Supervisor of Midwives.

Supervision of Midwifery

All Midwives in the United Kingdom have a named Supervisor of Midwives. This is a statutory 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 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.

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

Formal on-call arrangements to ensure 24-hour availability of a Supervisor of Midwife were implemented across the WHSSB during 2006/7. The rota of Supervisors of Midwives on call is available within each Unit and held by the Units' switchboard operators. For those SoMs who live in rural areas where the signal for a mobile is poor or non-existent, switchboard will contact the SoM via a landline.

How is the practice of midwives supervised?

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

Each midwife has the opportunity for an annual supervisory review with her named Supervisor of Midwives and there is almost 100% compliance with the annual supervisory review, the main exceptions being those midwives on maternity leave or long term sick leave who will have their review following their return to work.

Using the midwife-held Supervision Profile, practice is reviewed, training needs identified and an action plan developed to facilitate the meeting of identified issues. The Supervisor is available at other times to support the midwife with matters relating to the midwife's practice.

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

In the LSA, the ratio of Supervisors of Midwives to midwives does meet the NMC's guidance of a ratio of 1:15, and in anticipation of retirement more students are being supported for the 2007/08 intake on the Supervisor of Midwives course. From 2007/08, SOMs will be interviewed prior to commencement of the course as happens currently in the rest of the UK.

In 2007, the LSAMO carried out the first LSA Audits of Midwifery Supervision in the maternity units in the WHSSB area.

The LSAMO meets regularly with the Supervisors of Midwives in the WHSSB. Information is disseminated via the contact supervisors and directly to SoMs on email. The LSAMO has gained support for the proposed joining of the UK-wide LSA database and the training and implementation is planned for 2008/09. The database will allow entry by SoMs of the ITP details and the midwives annual reviews. It will also enhance feedback to the commissioning process for education or training needs.

Two Supervisor of Midwife conference days are held annually, in the Spring and Autumn. In 2007/08, the theme of both days was 'Records, Reports and Referrals' and Mr Leckey, Senior Coroner for Northern Ireland, was the keynote speaker at the November conference (Appendix 1). In addition, a two-day medico-legal workshop for SoMs covering 'Excellence in Statement & Report Writing' and 'Witness Skills for Courts, Inquiries & Tribunals', facilitated by Bond Solon, was held on 7 and 8 February 2008.

The involvement of Supervisors of Midwives in governance and clinical risk management continues to evolve and develop within the Maternity Units. The aim is to ensure early identification and action prevents re-occurrence of any clinical concerns or difficulties. This is one example whereby SoMs are taking part in a forum that aims to improve care for women and support and enhance the practice of midwives.

6 Service user involvement in monitoring Supervision of Midwives and assisting the Local Supervising Authority Midwifery Officer with the annual audits

Women and their families influence the provision of the maternity services within the Board. This is done through Altnagelvin's Maternity Services Liaison Committee (Mother's Voice) and satisfaction surveys, exit questionnaires, complaints and compliments.

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

7 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education

QUB provides pre and post-registration education for midwives, which includes the module 'Preparation of Supervisors of Midwives'. The LSAMO and SoMs are included in the curriculum planning teams for pre and post-registration midwifery education and in the provision of in-service education for midwives. Non-university based post registration training e.g. obstetric emergencies, waterbirth study day, is provided by the Beeches Management Training Centre.

8. New policies related to the Supervision of Midwives

Midwifery Supervision policies and guidelines are under review in the light of the Midwives Rules and Standards (NMC 2004). Supervisors of Midwives are involved in the development of new guidelines and policies for maternity services throughout the Board's area.

The LSAMO UK Guidelines have been commented on by the relevant stakeholders in Northern Ireland and these comments will complete the comments on the guidance from throughout the UK, feeding into the updated guidance. The website for the most recent version of the guidelines is:

http://www.yorksandhumber.nhs.uk/who-we-are/organisational-structures/nursing-and-patient-care/national_guidelines_for_supervisors_of_midwives.asp

9. Developing trends affecting midwifery practice in the Local Supervising Authority

In total 24,500 births were recorded in Northern Ireland in 2007, 1,200 (5%) more than in 2006. This is the biggest annual increase since 1979 and the fifth annual increase in a row. The 24,500 babies last year compares with a low of 21,400 babies in 2002, but is below the 1980's when 27,000 babies were born each year (Northern Ireland Statistics and Research Agency 2008). The birth rate has increased by 6.25% over last four years. The upward trend is expected to continue.

There are a number of reasons for the increasing number of births. More females in their thirties are having babies, with the birth rate of women in their thirties having increased by over 15% over the last decade. Secondly, significantly more babies are being born here whose mother was born outside Britain and Ireland. Last year 1,900 new mothers in Northern Ireland were themselves born outside Britain and Ireland. This compares with 700 such births in 2001. In particular, last year, there were 800 babies born in Northern Ireland to mothers who were born in the eight new Central and Eastern European EU countries, compared to 10 such births in 2001.

In December 2006, the Department of Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI) published an audit of acute maternity services, commissioned from Pricewaterhouse Coopers LLP. The purpose of the audit was to examine the economy, efficiency and effectiveness with which acute maternity services are being provided at Trust level. This included workforce analysis. The report is available on www.dhsspsni.gov.uk/audit-maternity-services.pdf and the Executive Summary at www.dhsspsni.gov.uk/audit-maternity-services-executive-summary.pdf). During 2007/08, the LSAMO and SHSSB Supervisors of Mdiwives have been involved in the Steering Group, Clinical Governance and Risk Management Sub-group and Skill Mix Sub-group convened by the Chief Nursing Officer in response to this report.

Clinical Activity

WHSSB

For 2007/08 total births in **WHSSB = 4077** (Source: Child Health System)

Total Births by Maternal Age, WHSSB ~ 2000 - 2007

Age	2001	2002	2003	2004	2005	2006	2007
<19	306	262	264	255	219	243	236
20-24	699	659	667	613	573	628	648
25-29	1154	1041	1044	1009	1018	1030	1051
30-34	1131	1182	1114	1172	1132	1210	1150
35-39	534	523	585	571	620	628	670
40-44	89	118	102	101	99	117	121
45-49	2	3	3	4	2	3	6
50-54	0	2	0	0	0	0	0
Not recorded	5	3	0	1	0	0	0
Total	3920	3793	3779	3726	3663	3859	3882

Source: Child Health System

Type of Birth, WHSSB ~ 2001- 2007

	2001	2002	2003	2004	2005	2006	2007
Normal vertex	2551	2486	2482	2396	2406	2393	2288
Other cephalic	18	11	10	14	14	12	13
Forceps (low)	92	118	82	79	101	86	106
Forceps (other)	51	53	44	45	38	54	68
Ventouse	410	286	367	316	265	317	330
Breech	29	33	19	25	20	26	21
El c/s	340	376	360	415	400	464	452
Em c/s	406	404	405	426	400	452	567
Other	1	0	1	6	18	23	13
Not recorded	22	26	9	4	1	32	24
Total	3920	3793	3779	3726	3663	3859	3882

Source: Child Health System

Onset of labour, WHSSB ~ 2001- 2007

	2001	2002	2003	2004	2005	2006	2007
Spontaneous	2273	2132	2058	2084	2090	2114	2089
Induced	1196	1198	1247	1168	1067	1163	1173

Source: Child Health System

Feeding at discharge, WHSSB ~ 2001- 2007

	2001	2002	2003	2004	2005	2006	2007
Breast	1393	1274	1329	1297	1281	1394	1457
Breast + comp	28	33	22	26	34	39	35
Bottle	2407	2427	2387	2362	2306	2335	2297
Other	7	5	6	5	3	9	7
Not recorded	85	54	35	36	39	82	86

Source: Child Health System

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

These include:

The recent but continuing rise in the number of births in the WHSSB area, now exceeding the level of births in 2001.

A steady increase in the number of Caesarean section (26.2%) operations which has implications for women and midwives.

The number of inductions appears constant at around 30%.

- An increase in the number of women breast feeding when leaving hospital.
- A decrease in the number of women artificially feeding their baby when leaving hospital.
- A slight shift to mothers being older when they give birth.
- A decrease in the numbers of teenage mothers (under the age of 19).
- c. 35% of the midwifery workforce in WHSSB are over the age of 50 and have the potential to retire within the next 10 years (Appendix 2)

10 Details of the number of complaints regarding the discharge of the supervisory function

There were no complaints regarding the discharge of the supervisory function in 2007/8.

11 Reports on all Local Supervising Authority investigations undertaken during the year

In March 2008 the WHSSB published the Report of the Independent Inquiry Panel - Madeleine and Lauren O'Neill - to the Western and Eastern Health and Social Services Boards - May 2007. This report is available on the Board's website.

The Panel's Report identified a series of failures in services and at a joint meeting the members of both Boards pledged to do everything possible to ensure that the lessons from this tragic case are shared and acted upon across the health and social care service.

The Panel's recommendations are being taken forward in full and both Boards will receive regular updates on the progress made to ensure that the Recommendations are fully implemented and that the lessons from the case are widely shared at all levels of the health and social care service.

It is anticipated that inquests into four neonatal incidents in Altnagelvin will take place in 2008/09.

12 Conclusion

The hospital and community midwifery services have recently amalgamated and the integration and practice development is ongoing.

WHSSB has a ratio of Supervisors of Midwives to midwives that meets the NMC Standards. The Supervisors of Midwives have

initiated methods across the WHSSB to ensure 24-hour access to a Supervisor of Midwives.

Supervision of Midwives continues to develop in the WHSSB and the supervisors have a key role to play in future maternity services in the WHSSB.

Signatures of CEO and LSAMO

C.Ex WHSSB: *Tamara Zuehl* Date: *18/12/08*

LSAMO WHSSB: *Verna Wallace* Date: 24 November 2008



Appendix 1

Northern Ireland LSAs

**'Records, Reports and Referrals'
Supervisors of Midwives Conference
Comfort Inn, Antrim
13 November 2007**

0915	Arrival and coffee	
0945	Welcome by Chairperson	Verena Wallace LSAMO
1000	Preparing for an NMC Panel Hearing	Liz Bannon SoM & Member of NMC Midwifery Committee
1115	Morning Coffee	
1130	Preparing to be a witness at a Fitness to Practice Hearing at the NMC Carrying out a Supervisory Investigation	Clare Capito SoM, London
1230	Questions	

1300

Lunch

1400

Preparing for Coroner's Court

John Leckey

Senior Coroner for NI

Questions

1500

Afternoon Tea

1515

Supervisory Investigations and
Supervised Practice

Verena Wallace

LSAMO

1630

END

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

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