ABM UNIVERSITY HEALTH BOARD
SUPERVISORY ANNUAL REPORT
TO THE
LOCAL SUPERVISING AUTHORITY

1st April 2011 – 31st March 2012

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Introduction

This report aims to demonstrate the commitment of the Supervisors of Midwives to ensure that the supervisory function within ABMU Health Board is both proactive and effective and is meeting the standards set by the LSA.

It also aims to show that supervision is fulfilling its primary purpose of safeguarding the health and wellbeing of women and their families who use the maternity services, by helping to support maternity staff to deliver high quality effective care at all times.

"During my pregnancy my husband and I had some difficult decisions to make. The care and supervisory advice and support given to us by the ABMU HB Supervisors of Midwives was outstanding. We found them to be very approachable and knowledgeable in helping us make the decisions that were right for us. This enabled me to achieve the "perfect" VBAC and we can't thank them enough."

Rhys & Rhianon
Executive Summary

Statutory supervision of midwives has operated within the United Kingdom since the early 1900’s. It is a mechanism that is independent of employment and employees and its central aim is to protect and safeguard the public.

The supervisory framework aims to:

- Promote improvements in the quality and safety of the maternity services leading to better outcomes and satisfaction for women and their babies.
- Ensure that midwives are confident and competent to practice safely using evidence based care.
- Monitor standards and to identify and intervene in any unacceptable practice.
- Take any necessary action with identified poor practice and/or service problems to support changes to improve the provision of care.

Supervisors of Midwives (SoMs) are experienced midwives who have been through a selection process set by the LSA, have successfully completed a preparation course and then been appointed by the LSA to undertake the role. In ABMU HB there are 24 SoMs who endeavour to empower midwives through supportive, forward planning supervision to enhance standards of midwifery practice and thus improve outcomes and satisfaction for the women in this area. They are accountable for all their supervisory activities to the Local Supervising Authority, Health Inspectorate Wales.

The LSA sets standards for Supervisors of Midwives to ensure that a local framework exists to protect the public, provide equitable, effective supervision for all midwives in Wales and meets the requirements of the Nursing and Midwifery Council (NMC) rules and standards. The LSA has a duty to monitor whether Health Boards are providing proactive and effective statutory supervision in accordance with NMC requirements.

During the practice year April 2011 to March 2012, ABMU Supervisors of Midwives have been required to provide evidence that it is in compliance with meeting these standards and have been assessed in the following ways:

- A written self/peer review supported by evidence
- An audit visit on 15/02/12 by an LSA Midwifery Officer supported by an experienced supervisor from Cwm Taf LHB and a student supervisor from Cardiff and Vale LHB.
- An audit by 2 LSA Lay reviewers on the 12th & 14th December 2011.

The Lay Reviewers work as an independent group and seek to engage directly with members of public who are currently using or have recently used the maternity services to explore their views and opinions, which can then be used to inform improvements in the service provision. They visited the 3 sites and had specific areas they wished to explore including a review of the action plan formulated as a result of their previous visit. Their report highlighted many areas of good practice which they found and stated that:
Supervisors of Midwives were very committed to improving care for women and babies through the function of supervision. Midwives view supervision as a supportive role with easy access to, and good communication with, supervisors.

Although these are challenging times in light of budget reductions and financial constraints, this robust and stringent audit of supervision by the LSA found that ABMU HB could demonstrate that every standard laid down by the NMC had been met and the LSA stated in their report that:

Supervisors within AMBU Health Board were to be commended on their work and the contributions individuals and the team as a whole, were making to enhance public protection.

Particular recognition was given to specific areas of good practice identified during this review including:
- The development of study days on fetal monitoring and perineal trauma in response to trends and themes identified through clinical governance.
- The introduction of an aide memoir in collaboration with the Practice Development Team to support more intelligent intermittent fetal auscultation.
- Introduction of the Transforming Care initiative for postnatal women to improve care.

The LSA audit report also challenged ABMU supervisors to raise their profile throughout the maternity service and to improve the visibility of the supervisory function. These goals will be part of our strategic plan for the coming year as well as focusing on the following issues:
- Auditing the care given to women in early labour and formulating an action plan from the results.
- To continue to raise awareness of all aspects of perineal trauma and to implement a strategy for the standardisation of perineal care and suturing for all staff.
- To improve all aspects of report writing including legal and redress awareness training for all SoMs.
- Recruitment of midwives for the SoM preparation course.
- Introduction of the new case records.

This Annual Report to the LSA will:
- Highlight the work and contributions SoMs in ABMU have achieved.
- Demonstrate new and innovative initiatives they have introduced to enhance and improve care for women and babies.
- Show that supervision can make a valuable contribution to safe women centred services by monitoring safe practice and addressing any concerns in relation to practice.
- Outline in more detail the operational plan for 2012 – 2013.
- Be available on the ABMU intranet.
- Highlight examples of good practice in bold.
The Statutory Structure of Supervision

Midwife

Supervisor of Midwives

Provides support and advice to midwives to ensure their practice is consistent with regulatory framework. Accountable to the LSA Midwifery Officer.

LSA Midwifery Officer

Carries out the functions of the LSA. Develops and audits standards of supervision within the LSA boundary and reports to the statutory body, the NMC.

The Nurses & Midwives Council (NMC)

The regulatory body for nurses and midwives throughout the United Kingdom, which sets the statutory Midwives rules and standards. Provides advice and guidance to LSAs and Supervisors of Midwives and is accountable for ensuring that the statutory rules and standards relating to supervision of midwives and midwifery practice are met.
NMC Standard 2. Each Local Supervising Authority will ensure their report is made available to the public.

This report will be disseminated to all relevant stakeholders on websites and electronically. Circulation lists include:

- AMBU Health Board Executive Board.
- Directorate clinical governance committee.
- Health Board via Head of Midwifery and Director of Nursing.
- Royal College of Midwives.
- Swansea University and the University of Glamorgan.
- Maternity Service Liaison Committee.
- Local Supervising Authority Midwifery Officers.
- Local Supervising Authority Lay Reviewers.
- ABMU HB website.
- Local Health Board.
- Emailed to all Supervisors of Midwives.
- Shared with Supervisors of Midwives at their meetings.
- Disseminated to all midwives across all sites via their SoM.
- Doula’s and birth attendants.

One of the ongoing challenges within ABMU HB is to raise the profile of Supervision with women and their families. Evidence from the LSA annual audit suggests that many women remain unaware that statutory supervision of midwives exists and how it can support them.

Many midwives in the Health Board are also sometimes unaware of the extent of the new initiatives and innovations that are undertaken by SoMs. In order to raise awareness of all supervisory activities, there is now a direct link to information about supervisors of midwives on the Maternity Services Home page.

**Operational Plan 2012 – 2013 – Key points**

- Ensure that website is easily accessible, high quality, up to date and relevant.
- Increase awareness about the supervisory web page and content with all Lay Users.
- Explore using all social networking sites including Facebook and Twitter to promote supervision to a wider audience.
- Publicise the dedicated email address on the intranet to enable women to contact a SoM for further help and information.
NMC Standard 3

A. Numbers of Supervisor of Midwives (SoM) appointments, resignations and removals

NUMBER OF MATERNITY UNITS IN TRUST: 3

Regional referral unit – Singleton Hospital, Swansea
District General Hospital – Princess of Wales Hospital, Bridgend
Birth Centre - Neath Port Talbot Hospital

NUMBER OF MIDWIFERY-LED UNITS/CENTRES: 2

1 Integrated Midwife Led Unit – Singleton Hospital, Swansea.
1 Stand alone Birth Centre at Neath Port Talbot Hospital.

NUMBER OF MIDWIVES: 301

NUMBER OF SUPERVISORS OF MIDWIVES: 24

RATIO OF MIDWIVES TO SUPERVISOR OF MIDWIVES: 1 to 13 midwives

The Health Board has 24 active Supervisors of Midwives, including Kathryn Greaves and Sarah Thomas who qualified as Supervisors in July 2011.

NAMES OF SUPERVISORS OF MIDWIVES:

Contact Supervisor: Gwynneth Singh
Dawn Apsee – Intrapartum Service Manager
Jayne Cockwell – Labour Ward Co-ordinator, Singleton Hospital
Maggie Davies – Consultant Midwife – Neath Port Talbot Hospital
Cathy Dowling – Head of Midwifery & Gynaecology Nursing
Karen Evans – Infant Feeding Co-ordinator, Singleton Hospital
Sharon Evans – Labour Ward Co-ordinator, Singleton Hospital
Sarah Fox – Consultant Midwife, Neath Port Talbot Hospital
Kathy Greaves – Midwife, Labour Ward – Princess of Wales Hospital
Andrea Hill – Gynae. Midwifery Practitioner – Princess of Wales Hospital
Chris Jones – Ward 18 Manager (Postnatal), Singleton Hospital
Dawn Kelly – Labour Ward Co-ordinator, Princess of Wales Hospital
Anne Lang – Core Midwife, Birth Centre, Neath Port Talbot Hospital
Vicky Langford – ANC/ADAU Sister & WRP Lead, Singleton Hospital
Claire Miles – Lead Midwife/Nurse, Singleton Hospital
Sara Morgan – Asst. Lead Midwife, Neath Port Talbot Hospital
Sarah Norris – Midwifery Tutor, Swansea University
Lesley Owen – Senior Midwife Community, Singleton Hospital
Caroline Penhallurick – Community Midwife, Singleton Hospital
Jane Phillips – Deputy Head of Midwifery
Liz Rees – Labour Ward Co-ordinator, Singleton Hospital
Kath Thomas – Community Midwife, Neath Port Talbot Hospital
Sarah Thomas – Midwife, Labour Ward, Singleton Hospital
Carolyn Williams – Lead Midwife/Nurse, Princess of Wales Hospital
Some of the ABMU HB Supervisors of Midwives with Pat the Supervisory Support
NUMBER OF SUPERVISORS OF MIDWIVES DESELECTED:

SELF: 2
Diane Hynam deselected as a SOM with effect from 1st September 2011
Sian Passey with effect from January 2012.

Leave of Absence:
Carole Hickles – Leave of absence for period of 1 year from August 2011.

LSA: None
RETIRED: None
SUSPENDED None

RECRUITMENT STRATEGY:

A robust recruitment and retention strategy for Supervisors of Midwives is
embedded within the Health board in light of current workforce and financial
challenges to enable the ongoing effective performance of supervisory
activities. This is fully endorsed and supported by the Head of Midwifery.

A workforce analysis of the Supervisors of Midwives is undertaken with the
LSA MO, Contact Supervisor and Head of Midwifery on a regular basis to look
at possible future retirements, job changes and budget restraints in order to
ensure there will be sufficient number of Supervisors of Midwives for the
future and to maintain or reduce the current ratio. The current
SoM/Supervisee ratio still remains within the NMC requirements and is closely
monitored by the SoM secretary.

Supervisors are proactive in raising the profile and role of the SoM within the
Health Board to encourage more midwives to consider becoming supervisors.
The Contact Supervisor meets with all newly employed midwives to discuss
the supervisory framework and function within the Health Board and to
provide a deeper understanding of the role of a Supervisor of Midwives.

As anticipated, recruitment for at least 2 SoM’s is well underway, especially in
light of the fact that Claire Miles deselected as a SoM with effect from May
2012 and Sharon Evans has opted for leave of absence for a period of 1 year
with effect from April 2012.

Posters and emails were used to encourage midwives to apply to be
considered to become SoM’s. Interested midwives have been encouraged to
shadow SoMs to gain a better understanding of the role, to attend SoM
meetings and to speak to the LSA MO at the ‘listening clinics’ that are in the
process of being set up. This campaign has been very successful and initial
interest has been much greater than in previous years.

Mentorship for Student supervisors of midwives and preceptorship for those
who are newly qualified is always provided and has proved to be of great
benefit and support. Trainee Supervisors are provided with 2 mentors in
order to ensure maximum support and are closely involved in all aspects of
supervisory activities throughout their training period, which includes
attendance at Contact Supervisors Forums, SoM meetings and workshops to
gain as much experience as possible.

The Preparation of Supervisors of Midwives programme will now be provided
by Swansea University. This will be at Level 3 however if midwives already
have a degree there is the option to study at Masters level. The course will
commence in October 2012.

Work is now being carried out to develop more SoM’s to become sign off
mentors in accordance with NMC guidance. A preparation day for all mentors
to update their mentorship skills and to orientate them to the new programme
is being held at Swansea University in August 2012, prior to the
commencement of the SoM preparation course.

**Operational plan 2012 – 2013:**

- Finalize recruitment strategy for selection of prospective SoMs.
- SoMs to attend mentorship update session.
- Appoint appropriate mentors for each of the prospective SoMs.
- Ensure SoMs attend the mentorship training day in Swansea
  University.
- Ensure that prospective SoM’s are well supported and are given the
  opportunity to be involved in all Supervisory activities and events.
B. Details of how midwives are provided with continuous access to a Supervisor of Midwives.

To ensure that all midwives within the Health Board have direct and continuous access to a SoM robust contingency plans are in place:

- All midwives have a named Supervisor of Midwives and contact details.
- All midwives are made aware of their named Supervisor in writing and given the option to change to a Supervisor of their choice if the relationship does not suit either or both parties. Each midwife meets with their Supervisor at least once a year for their annual review and midwives are encouraged to contact a Supervisor in the event of any emergency or at any time that they require guidance or support. This is usually by telephone, however, it could also be by email as all Supervisors of Midwives have an email contact address.
- Supervisory caseloads are continually monitored by the supervision secretary and Contact Supervisor in order to ensure equity of numbers and any changes in the supervisory team or midwifery staffing are updated on the caseload listings and that all information is communicated to all concerned.
- There is always a 24 hour on call rota which is devised and managed by the supervision secretary. This ensures that the standard is maintained and that any changes are only made through her to ensure information remains accurate and up to date.
- The monthly on call rota showing 24 hour availability of a Supervisor is displayed in key areas in all 3 sites, together with contact telephone numbers.
- In the unlikely event a midwife cannot contact the Supervisor on call, there are contingency plans in place to ensure that midwives have access to any help, support and guidance they need. All midwifery managers, including the Head of Midwifery, are Supervisors of Midwives and are usually available as they work 9.00 – 5.00 pm during the week.
- The Contact Supervisor is available at any time.
- All Midwives also have access to the work mobile telephone numbers of the 2 LSA Midwifery Officers who can also be contacted for additional support and advice regarding Statutory Supervision of Midwives.
- In response to an issue raised by the LSA Lay Reviewers audit with regards to ease of speaking to the on call Supervisor of Midwives, switchboards on the 3 sites has been provided with a laminated copy of the Supervisor of Midwives contact telephone list and instructions on how to deal with telephone calls from the general public requesting to speak to a Supervisor.
Example of good practice

All telephone advice given to midwives by a Supervisor whilst on call is documented on a telephone advice pro-forma and also logged down in the monthly record of supervisory activities undertaken. All completed SBAR forms are circulated to all SoM's with a view to detecting any trends, to discuss and share any difficult cases and to extend their skills, knowledge and expertise in supervision. Calls can usually be themed into 3 main categories:

- safeguarding concerns
- capacity of the Service to meet demand
- clinical incidents

The Contact Supervisor works closely with management and the Practice Development midwives in the Induction Programmes for newly employed midwives. This comprehensive programme ensures midwives receive an effective introduction to working in the Health Board. They meet with the Contact Supervisor and Supervision Secretary during the first week. They are:

- Provided with details of their allocated named Supervisor of Midwives in order to arrange an initial meeting.
- Given the Contact Supervisor's mobile number for use if and when needed.
- Provided with contact details of all Supervisors of Midwives throughout the Health Board.
- Given general information regarding the function and scope of Supervision throughout the Maternity Units.
- Group supervisory sessions are held at regular intervals to discuss any difficulties/queries/problems that have arisen since commencing employment.
Details of how women are provided with access and information

Information regarding supervision and how to contact a Supervisor of Midwives is also available to women in a number of ways including:

- There is a direct link to information about supervision from the ‘maternity services’ page on the intranet. The aim of the article is to promote supervision to members of the general public in a ‘user friendly’ and informative manner. A similar article is in production for the ABMU HB Intranet site, specifically for members of staff – this will have additional links to supplementary pages for practical items such as, the Supervisors of Midwives on call rota, various activities and ‘who’s who’.
- The NMC leaflet ‘Support for parents: How supervision and supervisors of midwives can help you’ is widely available in all maternity sites for women to access.

Example of good practice

The ‘Choices Leaflet’ which is given to all pregnant women at their first contact with a midwife during the pregnancy, contains information regarding supervision on page 15.

A dedicated supervisory email address is available via the ABMU HB website. Women can email for further information and/or help on any supervisory issue.

Operational Plan 2012 – 2013

- Put together a supervisory ‘Welcome Pack’ for newly employed midwives providing not only information about supervision but relevant practical details about the 3 maternity sites.

- Arrange regular meetings with Labour Ward lead, selected Band 7 midwifery managers, newly employed midwives and SoMs to discuss any problems and issues that have arisen since employment to formulate an action plan. Liaise with both universities with any training issues that might be highlighted.

- To monitor frequency and nature of calls to SoMs to identify any emerging trends.

- Share and discuss the content of calls at SoM meetings for learning and training purposes.
C. Details of how the practice of midwives is supervised.

1. Methods of communication with and mechanisms to disseminate information to midwives

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Supervisors within AMBU Health Board were to be commended on their work and the contributions individuals and the team as a whole, were making to enhance public protection.

The importance of effective communication between the LSA and SoM’s is recognised and a variety of methods are used including telephones, emails, texts and face to face contact:

- One of the principle methods of communication within ABMU is the regular Supervisors of Midwives meetings which are extremely well attended. These are now held every quarter and the minutes distributed to all SoMs electronically.
- The Contact supervisor of midwives meets on a regular basis with the Head of Midwifery, with a planned agenda to discuss issues regarding supervision.
- All midwives throughout the Health Board are now able to have their own email account.
- There is regular email contact from the supervision secretary.
- Working sub groups meet on individual projects in between quarterly meetings.
- An overarching action plan of all major on going work is being formulated to ensure that allocated work is completed and will be regularly checked by the Contact Supervisor and the supervision secretary.
- The Contact SoM plays a pivotal role in attending Contact SoM forums and the distribution of information within the local SoM team.
- The LSA MO attends local SoM meetings.
- SoM’s attend LSA workshops and NMC seminars and forums.
- The LSA database is a secured web based tool and is used by all SoM’s. Reports can be produced by the database to show the number of annual reviews undertaken, incident reporting, ITP notification and age profiles of SoM’s and midwives.
The LSA Forum UK leads on the development of National guidelines and standards to ensure a consistency for supervisory functions within ABMU HB.

Supervisors take an active role in disseminating any new relevant documentation, guidelines, policies or changes to all midwives via letter, meetings, specially designated notice boards, the communication tool, annual reviews, and training sessions via managers. Secretarial support also ensures that information is disseminated both in paper form and electronically.

Any new guidance changes to any aspects of supervision are discussed at the Contact Supervisors meetings and all information is then disseminated to the Supervisors of Midwives electronically and discussed at Supervision meetings to ensure that everyone is kept informed.

All Supervisors and in particular the trainee Supervisors of Midwives are encouraged to attend the Contact Supervisors of Midwives meetings in Cardiff.

The benefit of having dedicated secretarial support for supervision has again proved to be extremely successful over the past year. As well as core responsibilities such as taking and producing minutes of Supervision meetings, filing, production of monthly Supervision on call rota and administering ITP and supervisee caseload data, the supervision secretary is involved with:

- The upkeep of the LSA database in conjunction with the Supervisors.
- Assisting with budgetary control and production of quarterly financial reports.
- Compilation of data for the annual report and assisting Contact Supervisor of Midwives with the production of this report.
- Monitoring and collation of any supervisory reviews and investigations when instructed by Head of Midwifery/Deputy Head of Midwifery.
- Making appropriate untoward incident notifications to the LSA via the database.
- Dealing with a whole range of conference and event arrangements for supervisors and midwives.
- Audits, e.g. record keeping and LSA Database.

**Challenges that can impede effective Supervision.**

Challenges that impede effective Supervision are generally to do with lack of resources – these can be time, staffing levels, budgetary constraints, conflicting service demands, requirements and equipment. These challenges have been addressed in several ways with the support and input from the Head of Midwifery:

To ensure that time spent on supervisory activities is equitable across all sites, an ‘Application for Designated Time for all Statutory Supervisory
Activities' form has been devised to facilitate requests from Supervisors of Midwives. It also provides:

- A record of supervisory activities.
- Time spent on various supervisory tasks/duties/events.
- Enables managers to be proactive in forward planning off duty to ensure appropriate skill mix and staffing levels, and for the backfill of posts if necessary.
- Used as evidence for audit and various reports.
- Used by individual supervisors to demonstrate evidence of their competence as a Supervisor of Midwives.
- The Supervisory function to be open to scrutiny and provides an account of and valid reasons for supervisory activity on working days.

The recruitment and retention of midwives is a national concern: within ABMU Health Board there is the challenge of having increasing numbers of experienced midwives, including Supervisors of Midwives, who are approaching retirement age. In a climate of financial restraints and budget cuts, there is the challenge of providing adequate numbers of midwives with the right skill mix. Flexible retirement is actively promoted within midwifery; it is seen as a positive way of retaining the skills and expertise of staff, ensuring a balanced and stable workforce whilst facilitating succession workforce planning.

2. Mechanisms to ensure consistency when carrying out supervisory functions.

The LSA in Wales have incorporated the agreed UK LSA guidance and templates for undertaking supervisory investigations and all Supervisors have been given a manual containing all relevant guidance documentation. New advice and templates are added to the website which all Supervisors are encouraged to access.

A competency tool has been devised by the LSA MO for all SoMs to self assess their level of competence against each of the NMC/LSA standards. Standards S1 to S21 were to be completed on an individual basis whilst T1 to T9 were for the SoM team as a whole. The aim of the tool was to:

- Enable SoMs to identify any areas for development.
- Formulate appropriate action plan.
- Enhance supervision within ABMU.
- Develop a local operational plan to direct supervision within ABMU.
- Provide a better understanding of the development needs of SoMs for the LSA.
- Help the LSA set strategic direction for supervision in the future.

SoMs will receive individual feedback from the LSA following completion of the tool and devise SMART actions to demonstrate continuous self development and also that of the SoM team as a whole.
Supervisors have also highlighted a need for more formal guidance, instruction and support when undertaking supervisory investigations and reviews. The introduction of the LSA Policies, Guidelines and Templates Manual provides standardised letters and templates for use when undertaking an investigation which Supervisors find very useful.

An LSA workshop on the use Guideline L (Guideline and process for investigation into a midwife’s fitness to practice by a Supervisor of Midwives on behalf of the LSA) was held on 27th October 2010 in Cardiff. This is to be followed up by 2 workshops in July and October 2012 on supervisory report writing facilitated by the LSA MO.

The format and content of the supervisory annual review form has been amended in ABMU to ensure more consistency when meeting with midwives. It now consists mainly of a reflective essay to evidence learning and updating in the previous year.

There is a named Liaison Supervisor of Midwives who acts as first point of contact for any self-employed midwife or a midwife from outside the Health Board, to ensure that they have access to local policies and information.

**Operational plan 2012 - 2013**

- To organise 2 workshops for SoMs on supervisory report writing. These workshops will be facilitated by the LSA MO and SoMs will be given their own workbooks containing all necessary templates and guidelines. All SoMs will be encouraged to attend 1 of the workshops.

- A further workshop has been organised by Supervisors of Midwives in September 2012 to raise awareness regarding incident reporting, causation, investigation and redress. Members of DIR and a legal representative will take part.
3. Evidence of how supervision has improved care for women, enhanced and supported the practice of Midwives and demonstrated that SoMs have been effective leaders and change agents.

There is active designated Supervisory representation on all major forums within the Health Board such as the Labour Ward Forum and Protocol, Antenatal/Postnatal and Normality Groups, Clinical Governance & Risk, the Education Sub-Committee, Resuscitation Committee, Maternity Services Liaison Committee.

The principle aim of Supervision is to protect the public by monitoring standards, promoting continuous improvements in the quality and safety of Maternity Services and ensuring the midwives are confident and competent to practice safely using evidence based care. The Supervisors of Midwives in this Health Board have demonstrated these aims in many ways including:

**Perineal Trauma & Childbirth study day**

In response to an increase in reported perineal trauma and requests from midwives and Swansea University for an update on perineal management, ABMU Supervisors of Midwives organised a multidisciplinary study day on all aspects of perineal trauma and childbirth. It was attended by over 200 delegates and the guest speaker was Professor Chris Kettle a known expert in suturing the perineum. Her Lead Research Midwife, ABMU Continence Nurse Specialist, Clinical Physiotherapy Specialist and Consultant Midwife also contributed to the day which was extremely well evaluated.

**Record keeping Audit**

The Supervisors of Midwives organised a mandatory record keeping audit within the Health Board in which all midwives participated. A new standardised record keeping audit tool has been devised which looked at all aspects of record keeping and clinical practice. The resulting data was analysed by the audit department and results fed back to all staff and was included on a CD ROM given to midwives on the skills day.

**Fetal monitoring**

All midwives have been given information on the skills days about the RCOG and RCM online E-Learning fetal monitoring tool. They have also been given guidelines on how to register and access the resource.

**Mnemonic CALMLY**

To introduce more intelligent intermittent fetal heart auscultation the mnemonic CALMLY has been discussed with all midwives as part of the fetal update on the skills days.
CTG quick reference guide

An aid to electronic fetal monitoring based on NICE Intra Partum Guidelines has been devised and is now laminated and attached to all fetal monitors across the HB.

CD ROM

All midwives in ABMU HB have been given a CD ROM when they attended the mandatory obstetric skills study day. The CD ROM is instead of ‘handouts’ and contains:

- All relevant up to date information and policies regarding all of the obstetric drills.
- Presentations from all the midwife specialists including: substance misuse, breast feeding, ante-natal screening, bereavement and mentorship.
- Any new national or local guidelines e.g. The Resuscitation Council UK guidelines 2010 on neonatal resuscitation.
- The annual record keeping audit results.
- Evaluation and reflection forms to be completed to provide evidence of learning for Prep.

New Born Life Support (NLS)

In response to a need for more NLS training for all staff the following action plans have been introduced:

- 2 midwives who were identified as prospective NLS instructors have been funded to attend a 3 day general instructor’s course (GIC) run by the Resuscitation Council UK.
- ‘Cascade’ NLS training has been introduced into the Neath Port Talbot Birth Centre: 3 midwives who have attended an NLS study day have spent further time with a SOM who is a recognised NLS instructor and are now providing individual teaching sessions with all the core and community midwives.
- An ABMU HB NLS study day is being organised for later this year and 2 of the supervisors are helping to organise it and instruct on the day.
- One of the clinical midwives who is an NLS instructor has been given protected time to instruct on the mandatory obstetric emergency skills days.
- The Skills study day program has also been changed to provide all midwives with an individual and longer NLS update.
Adult and Maternal Life Support training

To ensure that training is to the standard required by the Resuscitation Council, all midwives involved with providing training in ABMU and the Practice Development midwives are attending the more advanced ILS course and those midwives who are not already qualified instructors are attending a further instructor’s course.

Transforming Care Initiative

Ward 18 at Singleton site has been chosen by the Head of Midwifery to take part in Transforming Care initiative and is the first maternity ward to be involved with this project since the initial pilot phase. This is aimed at ensuring a well-organized ward and increasing care time for women and their families. The Ward Manager/Sister is also a Supervisor of Midwives and is therefore involved in taking this forward. Increasing time spent with women and babies will enhance care and client satisfaction and will increase job satisfaction for midwives. Transforming care is part of the ‘1000 lives initiative’.

1000 Lives Campaign

Another aspect of the 1000 lives campaign is Transforming Maternity Services. The initial mini-collaborative learning session was attended by several Supervisors of Midwives and a student Supervisor of Midwives. This aspect of the 1000 lives campaign is aimed at looking at Thromboprophylaxis, Sepsis and recognizing the acutely ill woman. There will be on going sessions to discuss/facilitate the introduction of care bundles, use of MEWS charts, Thromboprophylaxis and Supervisors will continue to be involved.

Audit of the care given to women in labour on Ward 19

Supervisors of Midwives have devised an audit form to look at the care provided to women in labour on the antenatal ward. A retrospective notes audit will be carried out on all women transferred to labour ward from Ward 19 during January, February and March 2012.

Doulas

To encourage and facilitate a more collaborative working relationship with Doulas and Birthing companions, they were invited to a supervisors of midwives meeting to discuss their role. An ABMU HB policy has been written to provide staff with further clarification of their roles and responsibilities.
SBAR Transfer forms for mother and baby

Forms have been introduced for use to improve communication between staff in the different units when women and/or babies have to be transferred from the stand alone Neath Port Talbot Birth Centre to an obstetric or neonatal unit. They are also proving valuable for audit purposes and tracking themes and trends.

VBAC Clinic

Consultant Midwives M Davies and S Fox have clinics in all 3 sites and see women who are undecided about mode of delivery following a previous caesarean section to discuss options for their current birth and make a birth plan if appropriate.

BMI Clinic

All women with a raised BMI are seen in a dedicated clinic at 16 weeks gestation to discuss life style and healthy eating during pregnancy with the aim of avoiding excessive weight gain. They are then seen at 34 weeks by a Consultant Midwife to discuss birth options and to formulate a mutually acceptable birth management plan if appropriate.

Introduction of regular multi-disciplinary drills for obstetric emergencies

Regular monthly multidisciplinary drills are organised by the Labour Ward Lead, an obstetrician and an anaesthetist from both sites. These drills which cover any obstetric emergency, have evaluated well by participants.

Reduction of the caesarean section surgical site infection rate

Themes and trends were examined around wound infections and as a result tissue viability update sessions were introduced for community midwives. This has lead to more evidence based wound management and a reduction in the caesarean section surveillance rates in ABMU to below the All Wales rate for the period 01/01/12 – 31/03/2012.

Designated supervisory email address

There is now a dedicated email address for the public to obtain further information regarding supervision. It is not intended for emergency use and potential users will receive an initial standard reply stating that the query would be answered within 5 working days.
Re-opening of the Midwifery Led Unit in Singleton Hospital

Prior to the re-opening of the MLU, Operational Guidelines have been formulated with strict working guidelines and criteria for the transfer of women and/or their babies to the Central Delivery Suite. During March 2012 there were 22 admissions to the MLU with 15 births and 2 transfers to CDS for perineal suturing. The current objectives are to raise awareness of the MLU to increase its use and to have service user evaluation.

Operational action plan for 2012 – 2011

Fetal Monitoring

CTG sticker

A CTG sticker based on the one used in Bristol has been modified for use in ABMU HB and will be introduced into use across all sites shortly. All women who are having continuous electronic fetal monitoring will have to have their trace assessed, categorised and an action plan written using one of these stickers at least every hour. Another member of staff is also asked to scrutinise the CTG on an hourly basis for their opinion and this ‘Fresh Eyes’ member of staff will also have to sign the sticker. Training for midwives will be done prior to their introduction and compliance will be measured by audit.

Intermittent Auscultation

- As part of statutory updating all midwives will receive a presentation on “Intelligent Intermittent Auscultation”. This will build on current knowledge and provide a suitable theoretical platform from which to improve practice and enhance safety for mother and baby. The presentation is based on best current knowledge of fetal physiology following a wide literature review undertaken by Christine Harding midwife. The training will be provided by 1 of our Health Board SoMs.

- An all Wales review of our Clinical Pathway for Normal Labour is being currently undertaken with a completion date planned of the end of 2012. The Pathway is anticipated to include, from 2013, guidelines relating to the latent phase of labour, Intelligent Intermittent Auscultation and a MEOWS adaptation to the partogram. The review group contains 2 of our SoMs.

Case notes – review and redesign

A number of SOM have been involved in critically reviewing the content and layout of the current case records in order to redesign them. The aim has been to improve the standard and content of contemporaneous record keeping. The new format is ready to be printed and when available will be introduced into use.
BUMPES

From July 2012 our Health Board will become a recruitment site for this multi centre randomised study. This will improve midwives knowledge of participating in such a study and enhance the research profile of our Health Board. The BUMPES study is examining whether an upright or recumbent position is the most effective for birthing a baby. A SoM is the principal investigator for this study. Training will be provided for midwives prior to the study.

Audit of care given to women in labour on Ward 19

Supervisors are undertaking a retrospective note audit for the months January, February and March 2012. The audit forms will then be analysed and any themes and trends identified. Following the completion of the audit it is intended to:

- Feed back information to a focus group of staff from Labour Ward and Ward 19 for constructive debate and to inform any action plans.
- Speak to a random selection of some women involved for their perspective on the care they received. Women would be excluded if there was an ongoing complaint or legal action.

Perineal care

In response to an increase in 3rd and 4th degree tears and complaints regarding perineal trauma, supervisors of midwives have been proactive in taking the lead to devise an action plan to improve care for women by ensuring that all staff are confident and competent to provide evidence based perineal care. This will be achieved by:

- A study day on all aspects of perineal care in childbirth which has already been held in March 2012.
- A multidisciplinary working group is to be set up including SoMs, Practice Development Midwives, Obstetricians, the Labour Ward lead and the University.
- A data base is to be established of all midwives who have attended the perineal suturing study day organised by Swansea University.
- Midwives who have attended the day will be asked to supply evidence that they have consolidated the theory in practice.
- Interested midwives who are skilled at perineal suturing will be identified in all 3 sites and additional training given to provide them with the expertise to provide necessary help and advice to other midwives.
- All midwives will need to be formally assessed on their perineal suturing skills and evidenced on a data-base.
- Introduction of a designated Perineal Suturing page to be completed following a spontaneous vaginal delivery.
D. Evidence that service users have been informed of supervision of midwives.

There are many areas throughout the Health Board where Service Users are involved with Supervisors of Midwives to ensure that women are informed about supervisory activities, can influence the future development of the maternity services and that maternity care is responsive to local needs. The following are some of the approaches taken:

- The views of users are continually sought to try and improve patient satisfaction with the Maternity Services. Comment books and suggestion boxes are in all areas and the women are encouraged to fill in exit questionnaires and discharge surveys to ascertain their level of satisfaction with the Maternity Services and to highlight any areas of concern and where change is necessary.
- The ‘Choices’ booklet entitled, “Where will I have my baby” has incorporated comments from women who have used our service. It also provides details about the role of a Supervisor of Midwives and how to contact a Supervisor to discuss a woman’s chosen place of birth or any matters relating to midwifery care.
- There is a dedicated email address for women to access to gain further information about supervision.
- The Annual Report to the LSA is available on the ABMU web site for information.
- NMC leaflets about Supervision are widely available throughout the 3 sites for women to read.
- There are designated Supervisory notice boards in all sites.
- There is designated supervisory information on the ABMU HB website which is accessible via the Maternity home page.
- There are currently service users attached to Heathcare Inspectorate Wales (HIW) who have received specific training to undertake their role. Part of their remit is to visit Health Boards and to audit Supervision from a User perspective. They also attend Contact Supervisors of Midwives meetings and attended the LSA Annual Workshop in Cardiff, where they provided valuable feedback and insight into the Maternity Services from the woman’s perspective.
- Doulas and Birth Companions were invited to a SoM meeting to form more collaborative and informed working relationships with midwives.
- A database of ‘users’ is kept by the Consultant Midwife and these women are asked to provide feedback regarding the layout and terminology used on any new information leaflets to ensure they are ‘user friendly’. Several ‘users’ were also able to participate in the LSA Lay Reviewers Audit visits.
- The Maternity Services Liaison Committee (MSLC) is co-chaired by 2 Lay representatives one of whom is a Doula and the committee also has Supervisory representation. Liz Rees has been elected as the Supervisor of Midwives and contributes to the agenda. As nominated SoM, Liz is responsible for disseminating any relevant information back to the other Supervisors for discussion, and similarly to take
back any findings or recommendations to the MSLC group. Members of the group include other Lay representatives such as a parent advocate for women with learning disabilities, and a Consultant Neonatologist, a Consultant Anaesthetist, a Consultant Obstetrician, the Director of Nursing, a Consultant Midwife, the Head of Patient Experience, the Head and Deputy Head of Midwifery and also other midwifery representation.

- The Maternity Services Infant Feeding Coordinators work in partnership with the Infant Feeding Coordinators from the Health Visiting Services to ensure there is a seamless service for women.
- There is continued relationship between Parents in Partnership voluntary sector and ABMU and from 2011 to 2012 there were 2 new support groups formed.
- In addition, the Parents in Partnership peer supporters have commenced working within the Princess of Wales Hospital.
- Parents in Partnership have also been connecting with the Universities both in giving stories about their breastfeeding experience and about their role of peer supporters. This project started in September 2011 and is now ongoing.
- Trained Breastfeeding Peer Supporters assist midwives in facilitating some of the Parent Craft sessions and various Breastfeeding groups. The Welsh Government has funded an ‘Open Course Network Wales’ for training breastfeeding Peer Supporters and Karen Evans (Infant Feeding Co-ordinator/Supervisor of Midwives) is a facilitator and assessor for this course. Karen has also worked in developing this programme.

Lay Reviewers Audit Visit

There was an audit visit by 2 HIW Lay Reviewers on 12th and 14th December 2011 who audited all 3 sites, namely, Singleton Hospital, Swansea, The Birth Centre at Neath Port Talbot Hospital and the Princess of Wales Hospital, Bridgend. The Lay Reviewers focused on the following specific areas:

1. Review of 2010 - 2011 action plans
2. Sepsis Policy
3. Women’s choice
4. Women’s stories of supervision
5. Feedback from Mother and baby groups
6. Areas of good practice for women
7. Areas of concern for women

The findings of this audit were very positive, with the Lay Reviewers identifying many areas of good practice that will ultimately be of benefit to women and their families that use the service. The reviewers stated that SoMs are very committed to improving care for women and babies although some women who are coming into contact with SoMs are unaware of their added role and responsibilities. Part of the SoM operational plan is to raise awareness of the role of supervision.
**Operation plan 2012 – 2013**

- Form action plan from Lay Reviewers visit.
- Continue to raise awareness of the role and responsibilities of SoM’s by further developing the use of social networking sites.

**E. Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education**

There are now 2 education Link Supervisors within the Health Board who are also lecturers within the Universities:
  - Sarah Norris – Swansea University
  - Janine Wyn Davies – University of Glamorgan who was the module manager for the Supervisors of Midwives course during the reporting period.

They attend Supervisors meetings and the Contact LSA forums to:

- Share any relevant information or changes within the higher education institutions relating to midwifery.
- Provide news regarding any new courses and workshops.
- Maintain a close and effective working relationship between the higher educational institutions and the hospital environment.

The role of these Education Link Supervisors is also to:

- Provide educational support and guidance to any midwife who is on supervised or developmental practice.
- To work closely with other Supervisors and the LSA in providing a robust programme of learning outcomes for midwives on supervised practice.

SoMs actively contribute to midwifery education in various ways including:

- Supervisors of Midwives have collaborated with Swansea University to organise 2 study days on Fetal Monitoring and Perineal Trauma and all student midwives were actively encouraged to attend and were given preferential rates.
- Supervisors sit on the interview panels for the recruitment of pre and post registration students at both Universities. Part of the curriculum focuses upon the statutory function of Supervision, and Supervisors hold regular sessions within the Universities to expand upon the role and responsibilities of a Supervisor of Midwives to the students.
- Supervisors also help the University lecturers to assess student midwives in their final practical examinations. This encourages a more effective working relationship between the University and the clinical environment.
• Student midwives when on clinical placement are introduced to the Supervisors personally. Dawn Kelly, Supervisor of Midwives is responsible for meeting with the student midwives in their final placement to discuss the role of the Supervisor and how supervision can support them.
• Consultant Midwife, Maggie Davies has an honorary contract with Swansea University and lectures to undergraduate and postgraduate midwives.
• Karen Evans, Supervisor of Midwives/Infant Feeding Co-ordinator, regularly teaches the 18 month and 3 year student midwives on breastfeeding issues in the University. She is also involved in teaching and providing update sessions to the medical students, Obstetric SHO’s, Paediatric SHO’s and also all Health Professionals in NICU.
• Gwynneth Singh Contact SOM and Maggie Davies, Consultant Midwife have taught on the preparation course for prospective SOM in the University of Glamorgan.
• Two SOM’s namely Liz Rees and Sharon Evans are currently undertaking a Masters degree in enhanced professional practice at Swansea University. They started the portfolio work based course in September 2010. Sharon Evans based one of her modules on supervisory mentorship.
F. Details of any new policies related to the supervision of midwives

The LSA are proactive in disseminating details of any new policies, guidelines and relevant information that is pertinent to the Statutory Supervision of Midwives to the Health Board on a regular basis. This is usually in an electronic format to the Contact Supervisors and Head of Midwifery or at the Contact meetings. Information is then cascaded to, and discussed with, the Supervisors of Midwives at their regular meetings or by Email.

The LSA in Wales have now adopted and implemented the LSA MO Forum UK National Guidelines and these can be viewed on [www.lsamoforumuk.scot.nhs.uk](http://www.lsamoforumuk.scot.nhs.uk). There is a direct link to guidelines for the Statutory Supervision of Midwives throughout the UK. Paper copies of these guidelines have been incorporated into a manual which have been given to all Supervisors of Midwives.

During the past year further guidance has been supplied on:

- Guideline L – Guideline and process for investigation into a midwife’s fitness to practice by a Supervisor of Midwives.
- Guideline 15 – Undertaking a case review.
- Guideline O – Guidance on the use of social networking sites.
- Prescribing in pregnancy.
- A new training resource on NICE guidance on pregnancy and complex social factors.
- Changing priorities at the NMC.
- Review of midwives rules and standards.
- Supervision newsletters.
- Strategic review of the NMC terms of reference.
- Information on study days from other Health Boards.
- NMC guidance on the use of social networking sites.

The LSA organises an annual workshop for Supervisors of Midwives which is well attended by the Supervisors in the Health Board. This year the workshop was entitled, “Back to the future” and 16 SoM’s either attended the South Wales or North Wales venue. The launch of the competency tool for SoMs was pivotal to the day’s proceedings and during the afternoon guidance was given on investigation, evidence gathering and report writing and applying appropriate sanctions.

The ‘World Café’ session provided an opportunity for SoMs to provide evidence of areas where they needed support, not only to do their job well but to do it better. There was great emphasis placed on the need to improve interview techniques, investigation process, report writing and counselling skills.

Details of all the presentations and workshops will be circulated to all Supervisors of Midwives who were unable to attend this year’s workshop.
Details of Conferences and Roadshows attended by SOM’s

NMC SoM Roadshow – 17th January 2012 in Cardiff.

LSA All Wales Database Network meeting – 11th October 2011 and 26th January 2012 in Cardiff.

LSA Annual Workshop – 10th and 22nd November 2011 in Bridgend and Wrexham.

LSA UK National Conference in Nottingham in January 2012.

National Association of Radical Midwives Conference in Nottingham in November 2011.

NMC Review of the LSA in March 2012.

Motivational interviewing training in March 2012.

Operational plan 2012 – 2013

To organise 2 workshops for SoMs on supervisory report writing.

These workshops will be facilitated by the LSA MO and SoMs will be given their own workbooks containing all necessary templates and guidelines. All SoMs will be encouraged to attend 1 of the workshops.

A further workshop has been organised by Supervisors of Midwives in September 2012 to raise awareness regarding incident reporting, causation, investigation and redress. Members of DIR and a legal representative will take part.
G. Evidence of developing trends that may impact on the practice of midwives in the local supervising authority

Outline Report on Births during 2011

During 2011, 6577 women gave birth whilst under the care of ABM Maternity Services with 6674 babies being born (97 sets of twins, no other multiple births). This is compared to 2010 with 99 sets of twins, 1 set of triplets and 1 set of quads.

Mode of Birth (all sites)

<table>
<thead>
<tr>
<th>(%</th>
<th>2011</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal birth</td>
<td>64.7</td>
<td>65.8</td>
<td>65.7</td>
</tr>
<tr>
<td>Instrumental</td>
<td>9.6</td>
<td>10.0</td>
<td>9.6</td>
</tr>
<tr>
<td>C-Section Emergency</td>
<td>13.4</td>
<td>10.9</td>
<td>12.3</td>
</tr>
<tr>
<td>Elective</td>
<td>11.9</td>
<td>12.9</td>
<td>11.9</td>
</tr>
<tr>
<td>Breech</td>
<td>0.3</td>
<td>0.5</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Mode of Birth (per site)

<table>
<thead>
<tr>
<th>Modalities</th>
<th>Singleton (%)</th>
<th>PoW/NPT (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011 = 60%</td>
<td>2128 (60%)</td>
<td>2191 (71%)</td>
</tr>
<tr>
<td>2010 = 62%</td>
<td>2010 = 70%</td>
<td></td>
</tr>
<tr>
<td>2009 = 61%</td>
<td>2009 = 71%</td>
<td></td>
</tr>
<tr>
<td>Instrumental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011 = 11%</td>
<td>397 (11%)</td>
<td>246 (8%)</td>
</tr>
<tr>
<td>2010 = 11%</td>
<td>2010 = 8%</td>
<td></td>
</tr>
<tr>
<td>2009 = 11%</td>
<td>2009 = 8%</td>
<td></td>
</tr>
<tr>
<td>C-Section Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011 = 16%</td>
<td>577 (16%)</td>
<td>318 (10%)</td>
</tr>
<tr>
<td>2010 = 13%</td>
<td>2010 = 8%</td>
<td></td>
</tr>
<tr>
<td>2009 = 14%</td>
<td>2009 = 10%</td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011 = 12.9%</td>
<td>462 (12.9%)</td>
<td>332 (10%)</td>
</tr>
<tr>
<td>2010 = 13%</td>
<td>2010 = 13%</td>
<td></td>
</tr>
<tr>
<td>2009 = 13%</td>
<td>2009 = 10%</td>
<td></td>
</tr>
<tr>
<td>Breech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011 = 0.5%</td>
<td>17 (0.5%)</td>
<td>6 (0.2%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stillbirth</td>
<td>16 (0.4%)</td>
<td>8 (0.3%)</td>
</tr>
</tbody>
</table>

Mode of birth (%)

- Normal: 65%
- Instrumental: 12%
- PMCS: 13%
- Elective: 10%
- C-Section: 10%
- Stillbirth: 0.4%
ABMU HB is accountable for ensuring the maternity service provides a quality and effective service to mothers and babies. It is widely acknowledged that there are peaks and troughs of activity within the service and managing the peaks can often be a challenge.

Birth outcomes are monitored monthly through a Directorate dashboard so any trends can be easily identified and in addition an annual review of activity is undertaken by the Head of Midwifery using Birth rate Plus national dataset of ratios to inform the workforce planning and ensure there are adequate staff resources.

The labour ward coordinators complete a 4 hrly acuity and intrapartum scorecard which provides live data and informs the appropriate staffing levels to provide safe care to mothers and babies at that time. These tools are used to inform other governance activity and together they provide a synergistic approach to managing activity and informing the escalation procedures. The acuity is a common means of communication between the multidisciplinary team, managers and supervisors and is recorded at MDT handovers of care.

NICE guidance, WRP standard 15 and safer childbirth suggest women receive one to one care by an appropriately trained professional when in established labour 100% of the time, which is monitored through the acuity and incident reporting datix data. The labour ward coordinator has the responsibility to activate the escalation policy when there is insufficient staff to provide safe services and part of the policy includes re deploying staff from across the health board.

Workshops for all midwives were held to increase their knowledge and understanding in the use of the Acuity and Intra-partum Scorecard. These were arranged and led by Cathy Dowling Head of Midwifery, Dawn Apsee Intrapartum Service manager and Gwynneth Singh Contact SOM.

The aim of the workshops was to inform midwives about the way Supervisors, managers and midwives should work together to ensure one to one care is provided for all women in labour and to provide a consistent approach to assessing workload and alerting the need to escalate when indicated.

Supervisors of midwives have been working with managers and practice development midwives to introduce introductory/competency training to enable midwives to become more confident and competent in intra-partum care and a booklet for midwives who may be required to work in an unfamiliar area is also being devised.

Singleton Hospital is one of several Level 3 Neonatal Intensive Care Units in Wales and therefore there are often women transferred from other Health Boards for Level 3 Unit care. There have been several times when Singleton Hospital had to close for a time during this year due to neonatal capacity, however, maternity services within ABMU HB as a whole have been maintained.
Workforce Trends

Significant numbers of experienced midwives and Supervisors of Midwives will be eligible for retirement in the next 4 – 10 year. The ABMU HB continue to incorporate a number of proactive strategies to address this and these include active promotion of flexible retirement; the introduction of 2 recruitment drives per year in line with student midwives finishing their courses in the 2 Universities; introduction and training of Maternity Care Assistants and ensuring a more flexible workforce.

Age profile of midwives

![Age profile of midwives chart]

Part-time/full-time ratio of midwives

![Part-time/full-time ratio of midwives chart]
H. Details of the number of complaints regarding the discharge of the supervisory function.

There were no complaints in the current year.

I. Reports on all local supervising authority investigations undertaken during the year

The LSA is informed of serious untoward incidents via completion of the alert untoward incident notification proforma on the LSA database. It is the responsibility of the investigating Supervisor of Midwives to ensure that the LSA are informed.

Number of investigations undertaken during the year by SoM: 3
Number of incidents reported to the LSA: 10
Number of midwives undergoing supervised practice: 0
Number of midwives undergoing developmental support: 1
Number of midwives whose period of supervised practice was prematurely terminated: 0
Number of midwives notified to the NMC investigating committee: 0

Summary of themes from Supervisory Investigations and Clinical Reviews

- Sub standard record keeping
- Inaccurate CTG interpretation
- Inappropriate management plans
- Communication problems
- Failure to use the ‘Jump Call’
- Perineal care
- Failure to follow guidelines
- Appropriate use of track and trigger charts.

To address issues a number of good practice measures and action plans have been put in place:

Perineal Care

The action plan to address this issue has already been discussed on page 19/20.

CTG understanding and interpretation

- All midwives and doctors have to complete the K2 training pack.
- CTG interpretation and assessment is now part of the emergency skills sessions.
- A CTG handout has been given to all midwives.
- All CTGs have to be categorized at least every hour and a plan documented in notes in accordance with NICE Intra partum Guidelines.
• There is a ‘Fresh Eyes’ Policy across all sites whereby all CTG’s are discussed every hour with an appropriate member of staff and plan documented in the case notes.
• Any midwife where a concern has been highlighted regarding her ability to interpret a CTG correctly has a 1 to 1 session with a Supervisor of Midwives.
• A new ‘All Wales CTG assessment tool’ was completed to 2011 and it had been hoped that this would enable all medical staff and midwives to be assessed on their knowledge of fetal monitoring. However the disappointing results across Wales were seen as flaws in the tool as opposed to a lack of knowledge base by staff. It is hoped that a new more robust tool will be devised that is fit for purpose.
• CTG’s that have been incorrectly interpreted or inappropriately acted upon by midwives and or doctors are anonymised and used in teaching sessions.
• Reflective sessions are held on both sites on a weekly basis and CTGs discussed for teaching purposes.
• A multidisciplinary working group has been set up to look at the strategic direction of fetal monitoring within ABMU HB.

Communication

• Use of a communication tool on Labour Ward (East), midwives have to sign when read.
• Regular audits are undertaken to ensure compliance and any noncompliance is documented and the relevant Supervisor of Midwives informed.
• Use of communication book in the Birth Centre at Neath Port Talbot Hospital.
• SoMs are encouraged to have a group email for their supervisees to help disseminate information.

Record keeping

• All midwives have to audit 2 sets of notes every year using a standardized pro-forma. This year the combined data from across all 3 sites has been analysed by the Audit Department.
• A new record keeping pro-forma has been formulated which focused on both record keeping and clinical practice. It included:
  1. Management plans.
  2. Appropriate completion of the whole of the partogram.
  3. Use of block signatures.
  4. Appropriate reasons for performing CTG’s.
  5. Evidence that women have been offered an opportunity to discuss her birth experience and adaptation to parenthood.
  6. Routine enquiry into domestic abuse.
  7. Appropriate documentation on a CTG.
• Results of the record keeping audit were cascaded back to midwives on mandatory skills days and at the ward managers meetings.
• The results of the audit were also put on the CD ROM given to all midwives on the skills study day.
• A summary of the audit was given to all midwives prior to their supervisory review and the results discussed at the meeting.
• Individual midwives, where an investigation or review has highlighted a record-keeping deficit, have undertaken record keeping audits and written reflective essays.

Use of the Jump call

• Use and importance of implementing the ‘jump call’ is discussed in the obstetric skills days.
• Monitoring is undertaken through incident review reporting and complaints.

Appropriate use of track and trigger charts

• Appropriate use of the Modified Early Obstetric Warning System (MEOWS) is discussed on the mandatory obstetric skills days.
• Their use is subject to regular audit and results fed back to all staff.

Summary of themes from complaints from women and families

A presentation has been prepared by Cathy Dowling SoM and Lead midwife Jenny Goodchild on ‘Learning from patients’ experiences in maternity. An assessment and analysis of the 30 formal complaints received was undertaken.

17 cases related to care delivery failings including problems with delay in transfer to labour ward, CTG interpretation and failure to recognize and take appropriate action with perineal trauma. These themes have also been identified by SoMs through the risk management process and the relevant action plans have been highlighted in the report.

Themes from the other 13 complaints included:

• Service and care disruption due to high acuity levels
• Delay in treatment and canceled elective surgery
• Delay in transfer home
• Problems with social services referral
• Staff attitudes
• Communication problems
Contributory factors

- During period of complaints there was significant high acuity levels
- Significant number of unfilled vacancies in the work force due to financial constraints at the time

Actions taken

- Recruitment of midwives
- Increased number of midwives undertaking the neonatal examination
- Implemented ‘Transforming Care’ initiative
- Collaboration with pharmacy to improve ease of obtaining drugs to take home

The presentation including women’s stories has been shown to the MSLC and is to be shared with all supervisors of midwives and then disseminated to all staff.