ABM UNIVERSITY HEALTH BOARD
SUPERVISORY ANNUAL REPORT
TO THE
LOCAL SUPERVISING AUTHORITY
1st April 2010 – 31st March 2011

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Karen Evans – Infant Feeding Coordinator
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Introduction

Patient safety and the protection of the public is the central aim of Supervision. This achieved 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.

Swansea NHS Trust and Bro Morgannwg NHS Trust merged in 2009 resulting in maternity services within the newly formed ABMU Health Board becoming one of the largest services within the UK. The Health Board is responsible for approximately 6700 births per year over a variety of birth care settings, including a level 3 obstetric unit at Singleton, Swansea, a District General Hospital at the Princess of Wales in Bridgend, a stand alone Birth Centre at Neath Port Talbot and a successful home birth service.

This merger enabled Supervisors and supervision within the previous Trusts to link across the different sites which has not only encouraged a more beneficial working relationship between the Supervisors of Midwives, but has resulted in a more innovative and effective supervisory function and cohesive workforce. There has been a sharing of ideas, experiences and expertise which have challenged existing practices and where necessary changes have been made in order to standardize clinical practice and equipment across all sites.

This proactive, forward planning approach by Supervisors has ensured that there is now a local framework that provides equitable and effective supervision across the ABMU Health Board. All Supervisors endeavour to empower midwives through supportive supervision to enhance standards of midwifery practice and hence improve maternity care and satisfaction for the women.

However, in the light of budget reductions and financial constraints, these are challenging times for midwives to provide a high standard of practice and care at all times.

This report will highlight how Supervisors of Midwives in the ABMU Health Board are achieving these aims and meeting the NMC Standards for Statutory Supervision. They are responsible for introducing new and innovative ways of working to enhance and improve care for women and babies.

These examples of good practice have been highlighted in bold in the report.
NMC Standard 1. How will you share your local annual report to your organisation’s board, general public and key organisations

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 Intranet site.
- Lay users.
- Shared with Supervisors of Midwives at their meetings.
- Disseminated to all midwives across all sites.
NMC Standard 2. Numbers of supervisor of midwives 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: 296

NUMBER OF SUPERVISORS OF MIDWIVES: 23

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

The Health Board has 23 active Supervisors of Midwives and 2 trainee Supervisors of Midwives, Kathryn Greaves and Sarah Thomas. It is anticipated that Kathryn and Sarah will complete the Preparation for Supervisor of Midwives programme in June 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 & Nursing
Karen Evans – Infant Feeding Co-ordinator, Singleton Hospital
Sharon Evans – Labour Ward Co-ordinator, Singleton Hospital
Sarah Fox – Midwifery Lecturer, Princess of Wales Hospital
Carole Hickles – Community Midwife – Princess of Wales Hospital
Andrea Hill – Gynae. Midwifery Practitioner
Diane Hynam – Community Midwife, Neath Port Talbot 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 – Asst. Lead Midwife, 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
Liz Rees – Lead Midwife, Birth Centre, Singleton Hospital
Kath Thomas – Community Midwife, Neath Port Talbot Hospital
Carolyn Williams – Asst. Lead Midwifery, Princess of Wales Hospital
NUMBER OF SUPERVISORS OF MIDWIVES DESELECTED:
SELF: 2 – Jenny Foxell deselected as a SOM with effect from 1st June 2010 and Jane Doran deselected with effect from 1st February 2011.

Sian Passey elected to suspend her duties as a SOM for a period of 1 year with effect from 1st November 2009.

Jane Phillips – leave of absence, anticipated date of return 01/04/2011.

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 Health Board’s Head of Midwifery.

A workforce analysis of the Supervisors of Midwives is undertaken with the LSMO, Link 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.

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 the current ratio is well within the NMC requirements there is no immediate plan to advertise for this current year, however, it is envisaged that recruitment will take place later on in the year in preparation for the 2012 supervision programme.

Mentorship for Student supervisors of midwives and preceptorship for those who are newly qualified is always provided and during the past year, Kath Greaves and Sarah Thomas currently on the Preparation for Supervisors of Midwives Programme, have been provided with 2 mentors to ensure maximum support.

Both trainees have been closely involved in all aspects of supervisory activities throughout their training period and have attended Contact Supervisors Forums, SOM meetings and workshops to gain as much experience as possible. Kath and Sarah have also participated in supervision work such as the annual record keeping audit and the LSA Lay Reviewers audit visits, which they found to be extremely beneficial. They are also kept up to date with all relevant supervisory information as the supervision secretary is in regular contact via email.
**NMC Standard 3. Details of how midwives are provided with continuous access to a Supervisor of Midwives.**

Information about Supervisors of Midwives is provided to midwives in a number of ways including:

- Verbal, electronic, telephone and written information
- Via the Contact Supervisor and/or supervisory secretary
- Welcome letters giving information and contact details
- Notice boards
- Web sites

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.

The on call rota 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. A 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 and the Contact Supervisor is available at all times.

All Supervisors of Midwives also have 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.

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. This enables the Supervisors to detect any trends, to discuss and share any difficult cases and to extend their skills, knowledge and expertise in supervision.
Communication Strategies

1. Supervisors of Midwives are working in collaboration with one of the practice development nurses to devise a communication tool using the mnemonic SBAR to aid and improve communication at all levels. This tool will also be used to monitor the frequency and nature of calls to Supervisors and to identify any emerging trends.

2. 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.

3. 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 also:
   - 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.

Information regarding supervision and how to contact a Supervisor of Midwives is also available to women in a number of ways including:
   - The ABMU Health Board website
   - The ‘Choices Leaflet’ which is given to all pregnant women

4. The Supervision article on the ABMU HB website was devised by the Contact Supervisor of Midwives and the supervision secretary, in collaboration with the Health Board’s Communication’s department. 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’.
5. An annual audit seeking the views and experiences of midwives with regards to Statutory Supervision (based on the LSA Standards) was carried out in July 2010. Some of the main supervisory issues raised by midwives have been acted upon, e.g. the supervisory annual review form has been adapted, training and communication has been improved and a newsletter is under production.
NMC Standard 4. Details of how the practice of midwives is supervised.

A. Method of communication with Supervisors of Midwives.

One of the principle methods of communication within ABMU are the regular Supervisors of Midwives meetings which are extremely well attended. These are now held every quarter. To ensure effective communication between meetings:

- 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.
- If possible, a Supervision ‘Time Out’ session is organised in order to recap on the past year and set future plans.

B. Mechanisms to disseminate information.

The majority of midwives throughout the Health Board are now able to access emails which has greatly improved communication channels.

The importance of good supportive administrative help had been identified and has now been strengthened within the Health Board. The Secretarial/administrative support person plays a pivotal and expanding role on how the practice of midwives is supervised. Pat Beresford has many responsibilities including attending all supervision meetings and Contact Supervisors of Midwives meetings and is plays a vital role in co-coordinating all supervisory activities within the Health Board and ensuring the timely dissemination of relevant information to all Supervisors.

There is currently 1 Contact Supervisor of Midwives and 1 Deputy Contact Supervisor of Midwives. Part of their role is to help set the agenda and chair the Supervisor of Midwives meetings and attend regular Contact Forums with the Local Supervising Authority. The Contact Supervisor meets on a regular basis with the LSA MO and Head of Midwifery to discuss issues regarding supervision within the Health Board. All pertinent information is disseminated to other Supervisors of Midwives at their regular meetings, through the minutes of meetings and Emails.

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.

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

Since the amalgamation in 2008, a great deal of work has been undertaken to ensure that the Statutory Supervision of Midwives standards is now consistent and equitable across the Health Board.

The LSA in Wales have incorporated the English 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.

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 workshop was attended by Gwynneth Singh, Contact SOM and Sara Morgan, Assistant Lead, Neath Port Talbot Hospital/SOM. Valuable information gained in this workshop, including all handouts used on the day, is being disseminated to all other Supervisors of Midwives.

The format and content of the supervisory annual review form has been amended to ensure more consistency when meeting with midwives. It now includes a reflection which many midwives found to be a useful exercise. As a result of post review discussion and feedback from midwives, further work is in progress to further improve the form, by minimizing sections that are duplicated in PDR requirement and having a second reflection, plus a SWOT analysis.

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

D. How the LSA has enhanced and supported the practice of Midwives.

Both the LSA MO’s are invited to attend and participate all the supervisory meetings and visit on a regular basis and the Supervisors are fully aware that the LSA MO’s can be contacted at all times for advice and guidance on supervisory issues.
During the past year the LSA MO has worked closely with Supervisors to ensure the successful outcome of a midwife who has been on supervised practice.

The LSA undertakes an annual audit of the Statutory Supervision of Midwives Standards in each Health Board. In 2010/11 this was again in the format of a self-assessment audit tool which was undertaken by Gwynneth Singh, Contact Supervisor and the Secretarial Support, Pat Beresford. This Self Assessment audit confirmed that the Health Board was fully compliant with the LSA standards.

E. 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 and valid reasons for supervisory activity on working days.

The benefits 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.

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 cut backs, 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.

F. Electronic Storage of Supervision Data

The LSA supervisory database is now well embedded and steps are being taken to ensure that it is used more extensively by supervisors and that the system is populated with relevant data.

Sarah Fox and Pat Beresford are the LSA database networking leads for the Health Board and have regular meetings and contact with the LSA MO. Any relevant information from the Network meetings are cascaded to all Supervisors and any training and support provided. In February 2011, supervisors of midwives were able to save electronic copies of completed annual review forms to the database – this proved to have a great number of advantages for both supervisee and supervisor and there was a significant saving of paper and time.

G. Achievements and challenges demonstrating that Supervisors of Midwives are visible leaders and change agents with ABMU HB.

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 achieve these aims in many ways:

• Supervisory involvement within the Health Board

There is active 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.
• Record Keeping Audit

The Supervisors of Midwives organised a mandatory record keeping audit within the Health Board in which all midwives participated. A new standardized record keeping audit tool had been devised which looked at all aspects of record keeping and clinical practice. The resulting data has been analysed by the audit department. Results are in the process of being formally fed back to all staff.

Results have highlighted that further refinement to the proformas would be advantageous to avoid ambiguity and ensure that the process is meaningful and relevant. Results have also highlighted areas where further discussion, training and more in depth audit is needed.

It is also planned to complete the 2011 audit prior to the commencement of the supervisory reviews for the year 2011 - 2012, so that the resulting data can be discussed on a 1 to 1 basis with supervisees.

• Medicine management workshops

Following the introduction of the new Midwives Exemption List in June 2010, a series of medicine management workshops were undertaken by Cathy Dowling Head of midwifery and Gwynneth Singh Contact Supervisor. The aim of these workshops were:

• To ensure all midwives were aware of the new Exemption List
• How any new drug additions to the list would affect clinical practice
• AMBU Health Board Policy regarding any changes to practice
• The need for all midwives to be aware of the principles of the administration of medicines and their own accountability

The workshops evaluated very well and were attended by over 200 midwives and student midwives

• Community midwives equipment

All community midwives use new purpose made bags to carry all their equipment for a home birth. A list of essential items has been devised and which is updated on a yearly basis in response to any changes in practice or guidelines from the Resuscitation Council (UK). The lay out of the bag has been standardized to ensure every bag is the same and these changes have resulted in the equipment bags meeting manual handling standards, all equipment being ready to hand and had ensured that all midwives were prepared to meet any emergency situation.

All drugs which are carried by the community midwives are pre-packed by the Pharmacy Department and carried in a dedicated locked drug box. This is to:
• Minimise the risk of potential drug errors
• Prevent breakages
• Ensure an audit trail of all drugs used

There is also a record kept of the contents of the bags and equipment being checked on a regular basis which is shown to Supervisors at the annual review. The bags also helped to promote a more professional image for the community midwives.

• Acuity Workshops.

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

The aim of the workshops will be to inform midwives about the way Supervisors, managers and midwives can 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 intrapartum care and a booklet for midwives who may be required to work in an unfamiliar area.

• Latent Phase Care Bundle

Supervisor of Midwives/Consultant Midwife, Maggie Davies has introduced a Care Bundle for use in the latent phase of labour. This offers a more structured approach to care for women in the latent phase of labour and aims to help women achieve a positive birth experience and prevent complications in labour. It is now in use across the 3 sites.

This approach to care for women in the latent phase of labour, has now been developed into a research proposal with the assistance of Professor Billie Hunter and the University of Swansea. At this present time funding is being sought to undertake this research.

• VBAC Clinic

Supervisors are proactive in improving care to women by promoting normality, encouraging vaginal births after Caesarean Section and enabling women who wish to deliver at home or in a Birth Centre but fall outside of the recognized criteria, to deliver in their place of choice. They also help those women who require additional support and advice.
to make an informed decision regarding mode of delivery and to formulate mutually and acceptable birth plans. Many of the women who fall outside the criteria for care where the midwife is the lead professional are seen in clinics held by the Consultant Midwife.

The Vaginal Birth After Caesarean Section clinic (VBAC) and listening clinic service for women would include women who have had a previous Caesarean section and who may have been traumatized by their birth experience. It is now operational in all 3 units and evaluation of the service is going to be presented by Maggie Davies at the International Congress of Midwives in South Africa in June 2011.

- **Fetal Monitoring Study Day**

Over 200 midwives, doctors, midwife managers, Supervisors of Midwives and student midwives attended a study day on Fetal Monitoring in Practice at the Taliesin Arts Centre, Swansea University on Saturday 26th March 2011.

As a result of last year's successful “in house” fetal monitoring study day, Supervisors of Midwives within the ABMU Health Board were keen to use some of its financial allocation to organize and subsidize another study day on this topic in collaboration with Swansea University. The day was exceptionally good value for money, providing valuable learning and networking opportunities. The day was facilitated by Sir Sabaratnam Arulkumaran Professor and Head of Obstetrics and Gynaecology St Georges Hospital Medical School University of London, a leading expert in this field and his Research Assistant Miss Gini Lowe.

- **Case notes – review and redesign**

A number of SOM are currently involved in critically reviewing the content and layout of the current case records in order to redesign them. The aim is to improve the standard and content of contemporaneous record keeping.

- **Multi Disciplinary Obstetric Emergency Teaching**

Two of the Supervisors of Midwives, namely, Sara Morgan and Gwynneth Singh are Newborn Life Support Trainers and Dawn Apsee and Liz Rees are ALSO trainers. They are active in teaching on the multi disciplinary obstetric emergency skills and drills sessions across the Health Board and also on external courses.

The content of the mandatory training days, including the Obstetric Emergency Skills sessions, have now been standardized across the Health Board. During the 2011 the skills sessions have been amalgamated to 1 day and will all be held in 1 site for ease of organization.
To help midwives remember and reflect upon any new knowledge and skills gained on these study days, the back of the skills program has been designed to give midwives space to document any relevant information from each session. This record can be used as evidence of learning outcomes for their PREP portfolios and also to bring to their supervisory interviews.

The Consultant Midwife facilitates regular midwifery reflective sessions to enable midwives to share, reflect upon and discuss personal experiences. Their aim is to increase the knowledge, skills and expertise of midwives, to learn lessons, improve or change practice and thus ensure a high standard of care for the woman.

- **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**

One 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 in this.

- **Promoting supervision within the community**

Community midwives, who are also supervisors, have an important role in promoting supervision to the public. They are ideally placed to provide guidance and support to colleagues, women and their families. Midwives working in the community often find it beneficial to access the supervisor in order to discuss and reflect on various issues.

Supervisors of midwives in the community are continually working towards new and innovative improvements in providing good antenatal education. In the Swansea area one supervisor has an important role in facilitating the "home birth forum". This is held every 3 months and is an excellent way to promote normality and increase home birth rates. It is open to all who have an interest in home birth (or want to find out more) e.g. women, family members, student midwives, alternative
practitioners, etc. Having a supervisor at these meetings helps to make sure that all discussions, advice and information is of the highest standard and the safety of mothers and babies remains paramount.

- **Standardization/updating of policies, protocols and guidelines**

  Supervisors of Midwives are very active in this area and during the past year have worked on a number of policies such as, Surrogacy, Delivering Family and Friends, Umbilical Cord Blood Banking and Unplanned/planned Home Birth Policy.
NMC Standard 5. Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery office with the annual audits

There are many areas throughout the Health Board where Service Users are involved with Supervisors of Midwives to ensure that women influence the future development of the maternity services and that maternity care is responsive to local needs.

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.

A new ‘Choices’ booklet entitled, “Where will I have my baby” has been launched, this leaflet has incorporated comments from women who have used our service. It also provided details about the role of a Supervisor of Midwives and how to contact a Supervisor to discuss her chosen place of birth or any matters relating to midwifery care. A telephone audit on the choices leaflet was conducted recently on a small sample of women and several recommendations identified. The audit is going to be repeated at the end of 2011.

There are currently service users attached to Heath Inspectorate Wales 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.

A self audit process (2010-2011) was undertaken by the Contact Supervisor of Midwives and the Supervision Secretary for the LSA. This was then followed by a visit by 2 HIW Lay Reviewers 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:

- Review of 2009-2010 action plans
- Any changes since the last audit
- Caesarean Section Rates
- Catastrophic Haemorrhage Policy
- Women’s choice
- Visibility of information in relation to supervision.

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 services. The few areas of concern have been discussed with all other Supervisors and appropriate remedial
action is being taken. The auditors concluded their report by stating that significant improvements throughout the Health Board in unifying East and West into 1 Health Board had taken place, with largely standardised procedures, guidelines and policies.

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 head of Midwifery is currently establishing a new Maternity Services Liaison Committee (MSLC) is in the process of being formed and it will be chaired by a User and have Supervisory representation. Liz Rees has been elected as the Supervisor of Midwives to attend the forthcoming meetings and will be responsible for disseminating any relevant information back to the other Supervisors.

Trained Breastfeeding Peer Supporters assist midwives in facilitating some of the Parent Craft sessions and various Breastfeeding groups. The Welsh Assembly 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.

**Parents in Partnership**

**Two of the midwives Carol Jones and Angela Hopkins from AMBU Health Board recently won an RCM award entitled ‘No Breast for the Wicked’** Their aim is to change the present culture by empowering parents to have the knowledge and skills to change a community into one that supports breastfeeding by giving them the necessary skills and resources.

Singleton Hospital was recently awarded the UNICEF Baby Friendly Initiative accreditation. The UNICEF BFI provides a framework for maternity units to follow to ensure parents are informed of all baby feeding options, and that they are fully supported in the method they choose.

Karen Evans, Infant Feeding Coordinator/Supervisor of Midwives is seconded to UNICEF as the UNICEF UK BFI Professional Lead for Wales. This post is funded by the Welsh Assembly Government and is a strategic position that supports the progress of the UNICEF UK BFI standards in all Health Boards in Wales. It ensures that staff can provide evidenced based care for all pregnant women, new mothers and babies on all aspects of infant feeding. It provides health professionals with courses in Breastfeeding management, Training the Trainers, project management and audit, specifically for implementing the BFI Standards within their work area. Karen is also a UNICEF UK BFI assessor.
NMC Standard 6. 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 is also currently the module manager for the Supervisors of Midwives course at Uni-Glam.

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.

Pre and Post registration midwifery education

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 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 under graduate and post graduate 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.
Winner - RCM Award for Excellence in Partnership Working 2010

Medical Students as well as midwives realise how incredible childbirth actually is! Sarah Fox and Fran Rushworth.

Consultant obstetrician Fran Rushworth recognised how relations between midwives and medical students, particularly in conflict with the learning needs of student midwives, can be problematic. She realised that a committed, enthusiastic midwife had the potential to transform the experience of medical students. The midwife lecturer could provide crucial in tempting the best medical students to consider obstetrics as a career. She worked with the head of midwifery to create a job description allowing for flexibility. A midwife lecturer (Sarah) was appointed via SIFT funding in August 2009. Sarah moulded the post to ensure that not only midwives, obstetricians and medical students gained, but the women could enjoy the extra dimension of having medical students as part of the dedicated team giving care.

Sarah and Fran provide a united front to ensure all medical students have a maternity placement that is based on celebrating normality in births. Time is spent at home births, birth centre births, as well as in the labour ward setting. Emphasis is placed on being part of the care-giving team and supporting the whole of the labour and birth. Because of the way the post is funded, Sarah is able to work as an extra member of the midwifery workforce, which inevitably relieves pressure.

Preparation and practice of Supervisors of Midwives

Gwynneth Singh Contact SOM and Maggie Davies, Consultant Midwife are both involved in teaching on the preparation course for prospective SOM in the University of Glamorgan.

Two SOM’s namely Liz Rees and Sharon Evans are currently undergoing 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.
NMC Standard 7. 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.midwife.org.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.

The LSA organises an annual workshop for Supervisors of Midwives which is well attended by the Supervisors in the Health Board. This year the overall theme of the workshop was to showcase examples of excellent supervision in action across Wales. Each supervisory team shared a presentation of their proactive supervisory work in developing and supporting safe and quality care for Women.

Eight Supervisors and 2 Trainee Supervisors of Midwives attended the 2010 – 2011 LSA Annual Workshop in Cardiff. The ABMU presentation was entitled, “One to one care in labour – making it happen”. The main aim of the presentation was to demonstrate the innovative ways in which Supervisors, midwives and managers work together to ensure that one to one care is provided for all women in labour throughout ABMU HB, which provides Intrapartum care to approximately 6,700 women per year. The measurement of success is, “Are the right people in the right place at the right time”. Information from this workshop has been cascaded to all other Supervisors.

Details of all the presentations and workshops will be circulated to all Supervisors of Midwives who were unable to attend this year’s workshop.
NMC Standard 8. Evidence of developing trends that may impact on the practice of midwives in the local supervising authority

NAME OF UNIT: ABM University NHS Trust

MIDWIVES: 285

NUMBER OF BIRTHS: 6770

NUMBER OF NORMAL BIRTHS: 4477 (66%)

NUMBER OF HOME BIRTHS: 323 (5%)

NUMBER OF MIDWIFERY LED BIRTHS: 1004 (15%)

NUMBER OF STILLBORN BABIES: 44 (0.65%)

NUMBER OF LSCS ELECTIVE/SCHEDULED: 871 (13%)

NUMBER OF LSCS EMERGENCY/URGENT: 736 (11%)

Since January 2009, a database for stillbirths and neonatal deaths has been established by the Risk Manager in collaboration with the Contact Supervisor of Midwives and Supervision Secretary to review cases, examine any themes or trends and keep the data base updated.

Since January 2009, a database has also been set up to record all incidences of Born Before Arrival’s (BBA) and a review is undertaken into each case. It is hoped to identify any trends or sub optimal practice, learn lessons and improve care for the women.

A retrospective audit into midwifery practice regarding the use of the ‘All Wales Clinical Pathways for Normal Labour’ is being repeated in 2011 by Consultant Midwife, Maggie Davies. The aim of this audit is to determine if standards of care have been met, highlight good or sub-optimal practice, suggest areas where further study is required and make recommendations for practice.

Maggie Davies has also carried out a home assessment audit and another audit is currently being done on ‘position in labour and birth’. Additionally, 2 research students are assisting Maggie Davies in looking at fitness in normal pregnant women, to see if there are any arising themes.

Maggie Davies and Dr Amy Brown (Swansea University) have been working together recently in order to evaluate how midwives perceive risk, as more and more women are asking for places and types of birth that challenge the most confident of midwives. A survey questionnaire has been sent out to midwives.
ABMU Health Board has a responsibility for the safe management of the Maternity Service. Maternity Services are widely recognized as having peaks and troughs in its activity levels.

Directorate processes have been set up to implement the RCOG Maternity Dashboard system and NPSA Intrapartum scorecard.

The Acuity and Intrapartum Scorecard provides data in real time which indicates how many midwives are required to provide safe care to women and babies. Together these tools demonstrate other governance activity and together they provide a synergistic approach to managing activity and informing the escalation policies. The acuity tool is the common means of communicating the needs of the Service and is shared and documented at multi-disciplinary handovers.

The measurement of success is ‘are the right people in the right place at the right time’. NICE Guidelines, Welsh Risk Pool Standard 15 and Safer Childbirth suggest women should receive one to one care by a trained midwife 100% of the time.

We are ensuring that women are given one to one care in labour and that midwives are competent and confident to provide safe, quality care. Data is collected in real time and demonstrates how Co-ordinators respond to situations of high demand by redeploying midwives from other areas. These tools provide a robust auditable approach on how risk and activity is managed throughout the ABMU HB.

Singleton Hospital is the Neonatal Intensive Care Unit for South West Wales region and therefore this must be given consideration when workload pressures are increasing. There may be occasions when the Maternity Unit is considered unsafe due to a variety of factors. These could be due to the complexity of the case mix, the number of admissions, a staff shortfall or a combination of these factors.

There have not been any regular unit closures during the reporting period. However, on the few occasions when the Singleton maternity unit was closed due to Neonatal capacity, all women received continuous access to maternity services, either by transfer to a neighbouring part of the Health Board, or, to another Health Board.

**Workforce Trends**

Significant numbers of experienced midwifes and Supervisors of Midwives will be eligible for retirement in the next 4 – 10 years. 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.
NMC Standard 9 Details of the number of complaints regarding the discharge of the supervisory function.

There were no complaints in the current year.

NMC Standard 10 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.

The number of investigations undertaken during the year by:

<table>
<thead>
<tr>
<th>Supervisors of Midwives:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directly by the LSA MO:</td>
<td>0</td>
</tr>
<tr>
<td>Number of incidents reported to the LSA:</td>
<td>1</td>
</tr>
<tr>
<td>Number of midwives undergoing supervised practice:</td>
<td>0</td>
</tr>
<tr>
<td>Number of midwives undergone supervised practice:</td>
<td>1</td>
</tr>
<tr>
<td>Number of midwives whose period of supervised practice was prematurely terminated:</td>
<td>0</td>
</tr>
<tr>
<td>No. of midwives notified to NMC Investigating Committee:</td>
<td>0</td>
</tr>
</tbody>
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Summary of themes from Supervisory Investigations and Clinical Reviews

- Problems with record keeping and CTG interpretation.

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

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' will be launched in May 2011 and this will enable all medical staff and midwives to be assessed on their knowledge of fetal monitoring.

• CTG’s that have been incorrectly interpreted or inappropriately acted upon by midwives and or doctors, are anonymised and used in teaching sessions.

Fetal Monitoring study day

A very successful fetal monitoring study day was organised and heavily subsidised by the Supervisors of Midwives this year in collaboration with Swansea University. It was held in the Taliesen Centre in Swansea University and over 200 midwives, doctors and midwifery students attended the day. The guest speakers were Sir Sabaratnam Arulkumaran, Professor and Head Obstetrics & Gynaecology and his research assistant Gini Lowe from St George’s Hospital Medical School, University of London.

Communication

• Use of 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.

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.

• 2 new record keeping pro-forma have been formulated which focus on both record keeping and clinical practise. They include:
  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 are being cascaded back to midwives on mandatory skills days and at the ward managers meetings.
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.

**Details of Conferences and Roadshows attended by SOM’s**

CMACE and Wales – A collaborative approach to reduce maternal and perinatal mortality and improve health – 1st July 2010 in Cardiff.

NMC SOM Roadshow – 14th July 2010 in Cardiff.

LSA SOM Workshop on Guideline L (Guideline and process for investigation into a midwife’s fitness to practice by a Supervisor of Midwives on behalf of the LSA) - 27th October 2010 in Cardiff.

LSA All Wales Database Network meeting – 3rd November 2010 in Cardiff.

ABMU SOM Time Out - 7th December 2010 held at Neath Port Talbot Hospital. Topics covered included:

- LSA Standards for Statutory Supervision
- Group Work:
  - What are we doing well?
  - What areas should we focus on for 2011?
- Maternity Services Governance
- Patient Satisfaction
- Issues influencing and affecting supervision.


Conclusion

This report has aimed 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 those who use the maternity services by helping to support staff to deliver high quality effective care at all times.