ANNUAL REPORT TO
Local Supervising Authority (Wales)

2008-9
LSA ANNUAL REPORT 2008/9

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INTRODUCTION

This annual report is written in accordance with the NMC rules and standards (2004, Rule 16), Guidance related to Rule 16 – Annual report on practice year ending 31st March 2009 (NMC). This will inform the LSA’s report to the NMC.

There has been a continued commitment to statutory supervision of midwives from the supervisors within the Gwent Healthcare NHS Trust during a challenging year. The maternity service has been under special measures since June 2008 following an independent review by Healthcare Inspectorate Wales. The review found inadequacies in the management and staffing of maternity services but deemed the service to be delivering a safe standard of care. The Trust has addressed these concerns by drawing up an action plan for improvement and Healthcare Inspectorate Wales (HIW) has monitored progress closely. An extra 27 midwives have been employed. Support has been sought from the Welsh Assembly Government Clinical Governance Support and Development Unit to address the leadership and management issues. A further review of maternity services in February 2009 has shown that the service has improved considerably. However it was felt that further work was needed to ensure that the planned changes in the way the maternity services are provided to sustain the necessary improvements and hence it remains in special measures as at March 31st 2009.

Statutory supervision of midwives in Gwent ensures the protection of women, babies and families, by safeguarding and enhancing the quality of care. It also provides a mechanism for support and guidance to practicing midwives, facilitating safe standards of care, whilst encouraging and ensuring professional development for midwives.
ANNUAL REPORT TO THE
LOCAL SUPERVISING AUTHORITY

TRUST: Gwent Healthcare NHS Trust

SUPERVISOR SUBMITTING REPORT AND CONTACT DETAILS:
Melrose East,
Contact Supervisor of Midwives,
Gwent Healthcare NHS Trust,
Nevill Hall Hospital,
Brecon Road,
Abergavenny,
Monmouthshire
NP7 7EG.
Tel: 01873 732123

NMC STANDARD 1.
How will you share your local annual report to your organisation’s
board, general public and key organisations?

The annual report will be taken to Gwent Health Care NHS Trust Board as
as well as the Local Health Boards, MSLC and Royal College of Midwives

Number of maternity units in Trust: 3
Number of midwifery-led units/centres: 1 stand alone birth centre; alongside
midwifery led units within each of the two obstetric units

NMC STANDARD 2.
Numbers of supervisor of midwives appointments, resignations and
removals

3 new supervisors of midwives appointments were made in 2008 following
successful completion of the Preparation for Supervision of Midwives
Course at the University of Glamorgan
1 supervisor resigned due to appointment to a midwifery post in England
NUMBER OF MIDWIVES: 288
NUMBER OF WTEs: 256.36

NUMBER OF SUPPORT STAFF: 103
NUMBER OF WTEs: 80.51

NUMBER OF MIDWIVES UNDERTAKING PREPARATION COURSE: 2
RATIO OF MIDWIVES TO SUPERVISOR OF MIDWIVES: Range is 1:10-18 with an average of 1:13

NUMBER OF SUPERVISORS OF MIDWIVES DESELECTED:
SELF: 1 (personal reasons)
LSA: 0
RETIRED: 0
SUSPENDED FROM THEIR ROLE: 0

INFORMATION ON RECRUITMENT STRATEGY TO ENSURE SUFFICIENT AND SUSTAINABLE NUMBERS IN THE FUTURE:

- Each year midwives are asked to nominate themselves or colleagues to be considered to undertake the Preparation of Supervisors of Midwives Course at the University of Glamorgan. Gwent has seen a steady number of midwives interested in undertaking this training over the past few years.

- During the midwives mandatory study days a session on statutory supervision has been included. The session has focused, over the past year, on how to become a supervisor of midwives, outlining the requirements to be a supervisor (NMC (2006) Standards for the preparation and practice of supervision of midwives) including a brief description of the preparation course at the University of Glamorgan.
NMC STANDARD 3.
Details of how midwives are provided with continuous access to a supervisor of midwives.

How do midwives:
Contact their named supervisor?
Each supervisor of midwives gives their contact details to their supervisees

Contact a supervisor in an emergency?
A 24 hour supervisor of midwives on call system is in place

What are your contingencies if one is not available?
Contact details of all supervisors are available on the supervisor of midwives notice boards and in a supervisors file. Midwives are encouraged to contact another supervisor in the event that their named supervisor is not available.

Please provide evidence of how access to a supervisor of midwives is audited in your area
In order to comply with Standard 1.5 of the Statutory Supervision of Midwives Standards, an annual audit is undertaken of midwives views and experience of statutory supervision of midwives. During the past year a sample of midwives (20%) was sent an audit tool via internal post with a self addressed envelope to be completed and returned to a named supervisor of midwives.
The results of the audit are attached (Appendix 1)
100% of the respondents indicated that they knew the name of their supervisor of midwives and 100% knew how to contact their named supervisor. 100% stated that they knew how to access a supervisor 24 hour a day and none had experienced any difficulties in contacting the on call supervisor. Response times from request to advice were not audited. The recommendations and action plan from the audit are given in the attached report.
No women had requested advice from a supervisor but supervisors had been asked to discuss women’s plans for birth with them when they fell outside the criteria for the normal labour pathway and wished to birth in a low risk setting. Women have reported to have welcomed the opportunity to discuss their concerns further with a supervisor. One complaint about a woman’s care had been received via the Local Supervising Authority and was dealt with by the Contact Supervisor and the Chief of Staff.
NMC STANDARD 4.
Details of how the practice of midwives is supervised

All midwives have a named supervisor of midwives. Midwives are invited in writing to meet with their named supervisor of midwives at least once a year. All midwives were given this opportunity last year as demonstrated in the above audit. One midwife had not met with her supervisor, giving the reason that she was on maternity leave (Appendix 1). Supervisors meet more frequently with newly qualified midwives during their preceptorship period in order to provide them with additional support and advice during a potentially stressful transition period from student to registered practitioner.

Ways of communicating with supervisors of midwives and mechanisms to disseminate information are via emails, supervisor’s notice boards in clinical areas, monthly supervisor’s meetings, telephone, letters, monthly Maternity Matters Newsletter.

Consistency is ensured in carrying out supervisory functions by using the NMC Standards, LSA Guidelines, Gwent Healthcare NHS Trust Supervision of Midwives Guideline (Appendix 2) and discussions of issues at monthly supervisors meetings.

A CTG audit organised by supervisors of midwives and undertaken by supervisors, midwives and doctors has recommended the use of stickers with the woman’s details on to correctly identify the CTG trace and also a sticker to help to standardise the interpretation and documentation of CTG traces using the mnemonic DR C BRAVADO. This sticker is used each time a CTG is reviewed by a senior midwife or doctor.

A challenge that impedes effective supervision is that the ratio of supervisor to midwives remains more than 1: 15 for five supervisors. Midwives have been asked if they would like to change their supervisor but have declined. Gradually, through natural means, these ratios are falling.

Time to carry out supervision is another challenge to effective supervision. Discussions are under way to agree a process for this to be managed more effectively.

Work is underway to store supervision data centrally via electronic means using the Trust intranet. This will help to improve communication by
supervisors being able to access guidelines, templates and to directly update databases.

**NMC STANDARD 5.**
Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority office with the annual audits

One named user is involved in the supervision of midwives in Gwent but due to her work commitments her involvement has been limited in 2008 to commenting on the maternity care evaluation documentation. Discussions are underway to appoint to local parent panels to support this involvement in the future.

The LSA included two peer/lay reviewers (users) to assist with the LSA Standards audit in 2008. This was the first time that users had been involved in this process. They had received training by the LSA prior to the audit. Two users gave short presentations of their experience at the Annual LSA Workshop in Cardiff 2009 and showed remarkable understanding of supervision in the short time they had been involved. They had enjoyed their experience very much and serve to improve the supervisory function in Wales.

**NMC STANDARD 6.**
Evidence of engagement with higher education institutions in relation to supervision input into midwifery education

One of the senior lecturers, Fran Magness, is the named link between Cardiff University and supervisors of midwives in Gwent. She is invited to attend the monthly supervisors meetings and receives minutes of the meetings. Any concerns or information on education is shared with Fran. The clinical learning environment is audited annually via the All Wales Educational Clinical Audit.

Students have evaluated their clinical placements in Gwent very positively. The Main Delivery Unit in the Royal Gwent Hospital has been upgraded and includes a resource room for students to study or use computers. The LSA MO has been in close contact with Gwent and the Lead Midwives for Education at Cardiff University and the University of Glamorgan whilst Gwent maternity services are undergoing a period of special measures.
There have been no problems with having students placed for their clinical experience in Gwent.
University of Glamorgan student midwives have designated time with a supervisor of midwives at the end of their midwifery programme.

Three of the supervisors of midwives are currently on secondments to the two local Universities. Two supervisors have two day per week secondments to Cardiff University as Associate Lecturers and another supervisor has a two day per week secondment to the University of Glamorgan.

**NMC STANDARD 7.**
**Details of any new policies related to the supervision of midwives**

LSA Guidelines are accessed via the internet. All supervisors of midwives have access to computers in the Trust.
LSA MO informs supervisors of any new policies.
Supervisors in Gwent have a Trust Supervision of Midwives Guideline (Appendix 2). All new policies are placed on the supervisors notice boards.

**NMC STANDARD 8.**
**Evidence of developing trends that may impact on the practice of midwives in the local supervising authority**

**NAME OF UNIT:** Caerphilly Birth Centre

**NUMBER OF MIDWIVES:** 30

**WTE/MIDWIVES:** 28

**NUMBER OF BIRTHS:** 516

**NUMBER OF NORMAL BIRTHS:** 516 (100%)

**NUMBER OF WOMEN ACCESSING MIDWIFERY LED CARE:** 516 (100%)

**NUMBER OF WOMEN TRANSFERRED TO OBSTETRIC CARE:** 34 (in labour) 6.5%
NUMBER OF WOMEN WHO ACCESS A MIDWIFE AS FIRST POINT OF CONTACT: 516 (100%)

NUMBER OF HOME BIRTHS: 42 (8.86%)

NUMBER OF STILLBORN BABIES: 0

NUMBER OF LSCS PLANNED: 0

NUMBER OF LSCS EMERGENCY: 0

NUMBER BREASTFEEDING AT BIRTH: 297 (57.56%)

NAME OF UNIT: Royal Gwent Hospital

NUMBER OF MIDWIVES: 158

WTE/MIDWIVES: 132.35

NUMBER OF BIRTHS: 3558

NUMBER OF NORMAL BIRTHS: 2248 (63.18%)

NUMBER OF WOMEN ACCESSING MIDWIFERY LED CARE: 867 (24.36%)

NUMBER OF WOMEN TRANSFERRED TO OBSTETRIC CARE: 265 (30.56% of MLC)

NUMBER OF WOMEN WHO ACCESS A MIDWIFE AS FIRST POINT OF CONTACT: Data not available

NUMBER OF HOME BIRTHS: 82 (2.3%)

NUMBER OF STILLBORN BABIES: 24 (0.67%)

NUMBER OF LSCS PLANNED: 377 (10.5%)
NUMBER OF LSCS EMERGENCY: 538 (15.12%)
NUMBER BREASTFEEDING AT BIRTH: 2205 (62%)

NAME OF UNIT: Nevill Hall Hospital
NUMBER OF MIDWIVES: 86
WTE/MIDWIVES: 71.55
NUMBER OF BIRTHS: 2319
NUMBER OF NORMAL BIRTHS: 1434 (61.83%)
NUMBER OF WOMEN ACCESSING MIDWIFERY LED CARE: No data available
NUMBER OF WOMEN TRANSFERRED TO OBSTETRIC CARE: No data available
NUMBER OF WOMEN WHO ACCESS A MIDWIFE AS FIRST POINT OF CONTACT: No data available
NUMBER OF HOME BIRTHS: 81 (3.49%)
NUMBER OF STILLBORN BABIES: 8 (0.34%)
NUMBER OF LSCS PLANNED: 281 (12.11%)
NUMBER OF LSCS EMERGENCY: 344 (14.83%)
NUMBER BREASTFEEDING AT BIRTH: 1307 (56.36%)

PROTOS computerised data for maternity services has recently been installed in Royal Gwent hospital. Complete data for the Trust should be available from now on.
PUBLIC HEALTH TRENDS-

- Teenage pregnancies are a continuing issue in Gwent. A specialist midwife, Louise Taylor, has been employed through Cymorth to provide individualised care to this vulnerable group of girls in Blaenau Gwent. The midwife is also a supervisor of midwives. There are also other midwives in the Trust who have an interest in teenage mothers particularly in Torfaen and the Caerphilly areas. An established service / support for teenage mums, including a dedicated “booking” session has been established in the ANC at Caerphilly Birth Centre.

- Gwent Maternity Services funded by their allied Local Health Boards and Community Safety Partnerships, has employed Midwife – Kerry Phillips, supervisor of midwives, to engage pregnant women who use substances. To overcome the chaotic nature of problematic substance use and an increased propensity toward default, this group are offered bespoke care; utilising home-visiting from the midwife and joint monitoring arrangements. Monitoring is undertaken in partnership with Gwent Specialist Substance Misuse Service (GSSMS) and takes the form of joint clinics. 6 of these per month are scheduled across Gwent, where women are offered antenatal care, harm minimisation advice and substitute prescribing. This approach has proved very effective. The women targeted by this scheme predominantly comply with care, present at 8-10 weeks gestation and have optimum birth outcomes. Since its inception in 2004, 219 pregnancies in Gwent have been scaffold by this approach and in 2008, 50 pregnant women were treated for their use of substances.

- A perinatal mental health pathway has been developed for use by midwives in Gwent. It is designed to signpost vulnerable women to the specialist perinatal mental health team. This pathway is being piloted in one area of Gwent.

- Obesity is also an issue with more women becoming pregnant with raised BMI i.e. over 30. A Trust guideline has been written in line with recommendations of CEMACH Report Saving Mothers’ Lives 2003-5 – Guideline for the antenatal, intrapartum and post partum care of women with BMI > 30. A group of community midwives in the Torfaen area together with their midwifery manager have recently
developed a healthy eating programme for women in conjunction with other agencies. The group utilised the local ‘veggie box scheme’ which existed in the area and have since negotiated with the supplier that Healthy Start Vouchers be exchanged for locally grown fruit and vegetables. The project has exceeded all expectations with women enjoying the healthy eating sessions, learning new skills and healthy eating options. This team of midwives won the HOMAG Innovation Award 2008.

- An influx of Polish women into the Caerphilly borough has led to the establishment of a Polish support group for women by a midwife, Tina South, in Caerphilly Birth Centre. The midwife is able to speak Polish and was rewarded for her work by winning the British Journal of Midwives ‘Innovator of the Year’ Award in 2008.

- Several midwives in Gwent have been seconded into Sure Start/Flying Start projects working specifically in areas of deprivation e.g. Abergavenny, Torfaen and Newport.

MIDWIFE TO BIRTH RATIO

1: 22.47 (midwives)
1: 27.04 (WTE midwives)

TRENDS THAT MAY, OR ARE, IMPACTING ON THE SAFETY AND PROTECTION OF WOMEN OR ON THE LEARNING ENVIRONMENT FOR STUDENTS

A special review of maternity services in Gwent Healthcare NHS Trust was instigated following six maternal deaths that occurred in the Trust between 2005 and 2007. Healthcare Inspectorate Wales (HIW) took the decision to review the maternity services to ensure that they were safe and that the Trust was seeking to learn and share the lessons from these tragedies. The report in April 2008 concluded that there were no common links between the deaths but inadequacies in the management and staffing of maternity services were found.

As a result of the initial inspection, the maternity services were placed in special measures. The Trust produced an action plan to address the concerns identified by HIW.
Demonstrated improvements in the service have assured HIW that standards of care for mothers and babies have now improved significantly but further work remains and as a result the special measures prevail. The LSA MO has participated in the review meetings.

There has been an increase in the numbers of cases of post partum haemorrhage in both obstetric units. On investigation no trends have been identified. However, the major haemorrhage policy is being updated. Multidisciplinary drills on the delivery suite on post partum haemorrhage have been increased and an annual post partum haemorrhage study day led by Professor B-Lynch has been held in 2008 and 2009. One of the supervisors of midwives, Tracey Mudd, contributes to this study day.

There has been an increase in the number of women with a raised BMI. A new BMI Guideline for women with BMI > 30 has been written in line with CEMACH recommendations which include an assessment by the anaesthetic team early in the pregnancy together with glucose tolerance test.

It was also noted that there was an increase in the number of third degree tears during the early part of 2008. It was found that most of these were related to assisted deliveries. As a consequence, the Chief of Staff was invited and attended one of the supervisors of midwives monthly meeting to discuss the training needs of junior staff. As a result training has been put in place and an audit tool developed.

A new Head of Midwifery, Frances Jones, has been appointed and took up her post in October 2008 and has been working to achieve the improvements advised by HIW. Frances has for the past twelve months been working for the Nursing and Midwifery Council’s (NMC) Conduct and Competence Committee hearing evidence and making judgements about registrant’s fitness to practice. She also brings with her considerable midwifery experience in research, audit and risk management. Frances is eligible for appointment as a supervisor of midwives and hopes to be nominated by colleagues for appointment after working in the service for six months. This is recommended practice for midwives who change Trusts as Supervisors are nominated by their peers.

The Clinical Governance Support Unit has been invited into the Trust by the Board. They are supporting maternity staff with developing a vision and strategy as well as advising on team building.
NMC STANDARD 9.
Details of the number of complaints regarding the discharge of the supervisory function

To be provided by the LSA

NMC STANDARD 10.
Reports on all local supervisory authority investigations undertaken during the year

The LSA is informed of all serious untoward incidents via the LSA template which is usually emailed to the LSA or posted.

Number of investigations undertaken during the year by:
SOM:  5 (also 11 case reviews which did not result in supervisory investigations)
LSA MO: 0
External SOM or LSA MO commissioned by the LSA: 0

Two of the supervisory reviews related to drug errors. As a result of these and previous drug errors in the maternity units, the supervisors of midwives are planning a ‘Drug Awareness Week’ to raise awareness of the issues around administration of medicines.

Two other supervisory investigations relate to neonatal deaths. One has resulted in three midwives undertaking developmental support. The other case is still ongoing but has raised interesting questions around ‘free birthing’.

The fifth supervisory investigation, which is also ongoing, relates to the practice of an independent midwife.

As stated above, HIW reviewed six maternal deaths which occurred in the Trust between 2005 – November 2007. In the report produced by HIW, it was felt that in two of the deaths, earlier identification of deterioration or better advance preparation to identified risk, may have averted the deaths.

To address these issues staff training has included post operative care and CEMACH recommendations. Modified Early Obstetric Warning Score (MEOWS) charts are being used on all high risk and post operative women, major haemorrhage protocol has been updated together with communication responsibilities in theatre. Three midwives successfully completed a period of supervised practice. One of these midwives has since gone on to become a supervisor of midwives.

Gwent Healthcare NHS Trust/Supervisors of Midwives
Annual Report to LSA (Wales)
There is currently one midwife on supervised practice in the Trust. The period of supervised practice has been protracted due to sickness absence of the midwife. Also, as some of the objectives were not met in the hospital where the supervised practice originally took place, the midwife has been moved to another maternity unit within the Trust to complete the supervised practice now that she has returned for her sickness absence.

SERVICE INNOVATIONS AND SUPERVISORY ACTIVITIES:

- A supervisor of midwives, Grace Thomas, is currently leading the work to develop a maternity pathway using the Map of Medicine. This is a multi-professional approach to the care a woman receives right through her contact with maternity services and is based on best available evidence. It aims to reduce variation and to provide a mechanism for auditing variances from an expected pattern of care, the reasons and how to improve services. This links well with service improvement and protection of the public. Many supervisors of midwives are involved in this work.

- A supervisor of midwives, Gwyneth Ratcliffe, is leading on a Maternity Dashboard. This is an innovation recommended by the RCOG Good Practice No. 7 (January 2008) in order to monitor – clinical activity; workforce; clinical outcomes; risk issues/complaints and to aid benchmarking. The primary objective of a Maternity Dashboard is to monitor various aspects of clinical governance contemporaneously, so corrective action can be taken when there is deviation from expected performance. The dashboard was commenced in Gwent in January 2008. Parameters have been adapted from the RCOG tool. Compliance with the various parameters e.g. number of ethnic representatives on labour ward forum; ventouse and forceps; weekly hours of consultant cover on labour ward; post partum hysterectomies; number of complaint etc. in monitored against a standard on a monthly basis. A colour code is given for compliance (green), partial compliance (amber) or non-compliance (red). Any red parameters require close scrutiny and often action or intervention (Appendix 3).

- A supervisor of midwives, Gwyneth Ratcliffe, is responsible for rolling out PROTOS (computerised maternity information) firstly in
Caerphilly Birth Centre in 2008 and in the Royal Gwent Hospital in March 2009. It has been in operation in Nevill Hall Hospital for the past ten years. Once the three maternity sites are fully operational on PROTOS it will provide a complete data set that covers all maternity activity from booking to the postnatal period. This system has been supported by supervisors of midwives as it will help in accessing information for audit, identifying trends and providing supervisors and staff with vital statistics.

- One of the recommendations from the CEMACH Report ‘Saving Mothers Lives’ (2003-2005) was to use a Modified Early Obstetric Warning System (MEOWS) charts. Supervisors of midwives were instrumental in developing these charts in conjunction with obstetric and anaesthetic colleagues. These have been piloted in Gwent and are currently used for all post operative women or women with a high risk condition.

- One of the recommendations of the CTG audit 2007 undertaken by supervisors of midwives was to use CTG stickers to standardise the documentation and interpretation of CTGs using DR C BRAVADO mnemonic. Information on the stickers has been with medical colleagues and these stickers are now in use in all maternity units.

- A supervisor of midwives, Jane Romain, has been asked to step out of clinical duties and undertake the role of safety co-ordinator. This is a developmental opportunity for labour ward co-ordinators to become more active in the timely review of clinical incidents. This was previously the work of the governance midwife.

- A supervisor of midwives, Ruth Long, was a member on the All Wales Hand Held Maternity Records group. These records are now complete and will shortly be in use across Wales.

- Leadership has been a priority for the Trust with many supervisors of midwives and lead midwives undertaking LEO courses. This course has evaluated very positively. It is hoped that more supervisors and midwives will be able to access this training in the future.

- A summary of supervisor’s activities in Gwent is provided in the annual timetable of activities (Appendix 4).
OTHER ACHIEVEMENTS:

- A supervisor of midwives, Adele Hood, has been seconded to the National Leadership and Innovation Agency for Healthcare (NLIAH) for the past six months to develop an All Wales Curriculum for Maternity Support Workers (MSW) which has been developed in partnership with NLIAH, Skills for Health and RCM Wales. The curriculum encompasses a combination of both practical and theoretical components and a range of teaching, learning and assessment strategies which will develop the knowledge and skills required by MSWs to enable them to support midwives, women and babies in a range of maternity care settings. Learners who successfully complete the programme will be awarded either: NVQ Health (Maternity Support) Level 3 with either: OCN Level 3 Certificate in Maternity Support Work or Edexcel BTEC Level 3 Certificate in Maternity Support Work. The Maternity Support Worker Development curriculum was launched recently by the Minister of Health, Edwina Hart at the RCM Conference in Cardiff. The first cohort of will commence the 70 week programme in Gwent in September 2009.

- The SELAN Trial (Structured Early Labour Assessment by Nurses [Midwives in UK]) was published in British Medical Journal in August 2008. Grace Thomas led the involvement of the Royal Gwent Hospital (one of only two UK centres) in this international randomised controlled trial led by the Ellen Hodnett at the University of Toronto. Several supervisors of midwives were involved in the project. Melrose East and Adele Hood trained the midwives in the structured approach to care while Louise Taylor was seconded as the Research Midwife for the project. The trial concluded that a structured approach to care in hospital labour assessment units increased satisfaction with care and was suggestive of a modest increase in the likelihood of spontaneous vaginal birth. This is important in practice, particularly when looking to enhance normality and we are now considering how these findings can be applied to help support women in the early/latent phase of labour.

- Gwent midwives were rewarded for their hard work in 2008 by receiving two British Journal of Midwifery Awards in Birmingham. Midwife Tina South, Caerphilly, won the ‘Innovator of the Year’
Award for her work in establishing the Polish Group and a Gwent team of midwife ultrasonographers were runners up in the ‘Team of the Year’ Award.

- The Hanbury group of midwives with Torfaen borough manager Liz Smith received the HOMAG Award for their work developing veggie boxes.

- The Trust recognised two midwives from Newport, Hayley Pennells and Margaret Sullivan in the category of ‘Going the Extra Mile’. Their names were put forward by grateful mothers. Both midwives actively promote home births.

- Gwent is the only Trust in Wales to have all its maternity units assessed as achieving Baby Friendly status. Two of the units have been successfully reassessed during 2008 and the other unit will be reassessed shortly. Baby friendly is now being rolled out into the community.

- All the maternity units and community services within Gwent were re-accredited with the Charter Mark Award in September 2008.

- The Trust has taken note of the concerns raised by staff working in the maternity units about the high levels of stress. The Employee Welfare Service has conducted a Health and Safety Executive (HSE) survey to measure the impact of work related stress in order to establish a baseline. The audit has shown that staff are well supported by their peers and have stress levels similar to other roles such as A and E staff. The results are being further evaluated through focus groups to give more depth to the initial snap shot.

- Melrose East, supervisor of midwives, has made two further visits to Ethiopia with the Southern Ethiopia Gwent Health Link. Melrose is the Lead midwife for the Link and is responsible for providing emergency midwifery skills drills training for midwives and nurses working in remote rural settings. A further 30 staff received training during 2008. In addition, Melrose visited three health centres in the area and provided on-site training for numerous midwives and nurses as well as 84 health extension workers working in the rural villages. One of the main ways of ensuring that the Millennium Development
Goals 4 and 5 are achieved is to ensure that attendants at birth are suitably skilled.

INVolVEMENT OF SUPERVISORS IN COMMITTEES AND WORKING PARTIES:

1. **Membership of Trust committees**
   - Jenny Barrell – Trust Domestic Abuse Forum
   - Tracey Mudd – Equality and Diversity Lead
   - Grace Thomas – Trust Domestic Abuse Forum
   - Grace Thomas – Consultant Nurse Forum
   - Grace Thomas – Chair of Maternity Pathway group – developing Map of medicine work across multi-professional team
   - Grace Thomas – Chair of Mental Health in Pregnancy Group
   - Grace Thomas – Member of Southern Ethiopia Gwent Health Link
   - Melrose East – Member of Southern Ethiopia Gwent Health Link
   - Melrose East – Supervisor link to All Gwent Risk Management Group
   - Gwyneth Ratcliffe – Trust Medical Records Committee
   - Gwyneth Ratcliffe – Digital and Informatics Group
   - Tracey Mudd – Nurse Education Steering Group

2. **Membership of Regional committees**
   - Grace Thomas – SE Regional Nursing and Midwifery Advisory Group to WAG

3. **Membership of National committees**
   - Ruth Long – WAG All Wales Women’s Hand Held Records
   - Grace Thomas – Midwifery 2020 – Consultant Midwife member of Wales Strategic Group and workstream on Pathways of Care and Wales member of Public Health Workstream led by Scotland and N.Ireland
   - Grace Thomas – All Wales Perinatal Mental Health Group – developing Pathway for Care and on-line teaching package
   - Grace Thomas – All Wales Clinical Pathway for Normal Labour Group
   - Grace Thomas – All Wales Domestic Abuse Forum
Jenny Barrell – All Wales Domestic Abuse Forum
Grace Thomas – All Wales Midwifery and Reproductive Health Research Forum
Grace Thomas – Chair of All Wales Birth Centre Guideline Group
Grace Thomas – National Map of Medicine work
Grace Thomas – NHS Institute for Improvement CS Toolkit work – developing All Wales approach and work with national RCM
Consultant Midwife Forum
Grace Thomas – RCM Consultant Midwife Group Cymru
Grace Thomas - Consultant Nurse/Midwife Cymru (CNMC)
Jenny Barrell – All Wales Named Nurse/Midwife Group
Tracey Mudd – NMC Employer Summit, Cardiff University
Gwyneth Ratcliffe – RCM IT Group
Gwyneth Ratcliffe – eNWI

Other
Jenny Barrell – Monmouthshire Domestic Violence Forum
Jenny Barrell – Newport Local Safeguarding Board Audit Sub Group
Kerry Phillips – Newport Substance Misuse Action Team
Adele Hood - Support Workers Advisory Group

Grace Thomas – Visiting Fellow at University of Glamorgan and seconded 2 days per week as associate Lecturer teaching student midwives, curriculum planning and developing research

Adele Hood and Louise Taylor - are both seconded two days per week to the University of Cardiff as associate lecturers teaching student midwives and nurses.
PUBLICATIONS:
This project was managed by Adele Hood.


PRESENTATIONS:
Thomas SG *Emotional Needs of Women* British Journal of Midwifery Conference, Birmingham, November 2008 (invited speaker)

Thomas SG *Yummy Mummy: Images of pregnancy – does one size fit all?* Royal College of Midwives Welsh Board Annual Conference, February 2009 (invited speaker)

Thomas SG, Price J, Tinsley L *Listen to me; using women’s stories in workshops for midwives* International Confederation of Midwives Conference, Glasgow, June 2008

Thomas SG, *Enhancing Normality* International Conference of Midwives, Malta, May 2008 (invited speaker)

Thomas SG, *Domestic Abuse in Pregnancy* International Conference of Midwives, Malta, May 2008 (invited speaker)

Thomas SG, *Birth Centres – development of national guidelines* International Conference of Midwives, Malta, May 2008 (invited speaker)

Thomas SG *Saving Mothers’ Lives: CEMACH report of UK* International Conference of Midwives, Malta, May 2008 (invited speaker)
HIGHER DEGREE:
Tracey Mudd, Supervisor of Midwives, Senior Midwifery Manager has gained her MSc Interprofessional Health studies

SUMMARY:
The report indicates that supervisors of midwives in Gwent work tirelessly to protect the women and babies in its care. Where areas of concern have been identified action has been taken to alleviate the problems.

The supervisors of midwives in Gwent are grateful to the LSA for their continued guidance, advice and support in all issues.
Appendix 1

GWENT HEALTHCARE NHS TRUST

STATUTORY SUPERVISION OF MIDWIVES

AUDIT OF VIEWS AND EXPERIENCES – RESULTS 2008

In order to comply with standard 1.5 of the LSA (Wales) Statutory Supervision of Midwives Standards –

‘Midwives views and experiences of statutory supervision is sought’

a small sample of midwives (20%) in Gwent Healthcare NHS Trust were sent an audit questionnaire.
A total of 53 midwives were sent an audit tool via the internal post with a self addressed envelope included for return of completed forms to Ann James, SOM, B5 Ward, RGH.

Forms were sent to midwives working in the following clinical areas -
RGH – 19 (36%)
Comm S – 10 (19%)
NHH – 13 (24%)
Comm N – 4 (8%)
CBC – 5 (9%)
County – 2 (4%)

A total of 15 forms were returned. This gives a total response rate of 23%. This was a disappointing response rate.

RESULTS

Allocation of Supervisor of Midwives (SOM)

1.1 Do you know the name of your supervisor of midwives?
Yes - 100%, No – 0% (1 respondent wrote – Of course)

1.2 Do you understand the process of changing your SOM?
Yes - 93% (14), No – 7% (1)

1.3 Do you know how to contact your named SOM?
Yes – 100%, No – 0%

1.4 Do you know how to access a SOM 24 hrs a day?
Yes – 100%, No – 0%

1.5 Have you ever experienced any difficulties contacting the on call SOM
Yes – 100%, No – 0%
Please identify these difficulties
No comments

2. **Annual supervisory review**

2.1 Have you been offered the opportunity to meet with your SOM in the past twelve months?
   Yes – 100% (15), No – 0%

2.2 Have you met with your SOM in the past twelve months?
   Yes – 93% (14), No – 7% (1) (1 wrote ITP)

2.3 If not, please state why
   Maternity leave

2.4 Did your last review take place in a room which ensured privacy?
   Yes – 93% (14), No – 7% (1)

2.5 Were you given a copy of your review?
   Yes – 100% (15), No – 0%

2.6 Did you feel enough time was allocated for discussion at your annual review?
   Yes – 100% (15), No – 0%

2.7 In your last review, did your SOM help you achieve your developmental needs?
   Yes – 86% (13), No – 7% (1), no response – 7% (1)
   No comments given, not asked for – change question next time

2.8 Was a personal development plan completed for the coming year?
   Yes – 86% (13), No – 7% (1), no response – 7% (1)

2.9 Did you audit a set of your notes at the review?
   Yes – 86% (13), No – 14% (2)

3. **Policies and Guidelines**

3.1 Are you familiar with the Local Supervision of Midwives Guidelines?
   Yes – 93% (14), No – 7% (1)

3.2 Do you know how to access local policies and guidelines in clinical areas?
   Yes – 100% (15), No – 0%

3.3 Do you know how to access electronic copies of local policies and guidelines?
   Yes – 93% (14), No – 1 (7%)

4. **Professional Updating**
4.1 Have you been given the opportunity to attend the mandatory study days in the past twelve months?
   Yes – 93% (14), No – 7% (1)

4.2 Have you actually attended these study days?
   Yes – 93% (14), No – 7% (1)
   No 4.3 Qu, change audit tool

4.4 If not, please state why
   - Evidence of staff attending SD in own time and unable to get time
   - Unable at attend due to sickness
   - Not given SDs due to staff shortage
   Staff allocation to mandatory SDs needs to be reviewed

4.5 Have you been given the opportunity to attend any other type of professional updating in the past twelve months?
   Yes – 86% (13), No – 7% (1), No response – 7% (1)

4.6 If yes, please list
   Neonatal examination course (NHH)
   Cardiology untrasound (RGH)
   Research module (RGH)
   CTG SD but in own time (RGH)
   LEO course (RGH)
   CTG SD (Community South)
   CTG (RGH)
   LEO course (NHH)
   CEMACH, Investigating Officer training (2 days), Dignity at work, Managing sickness, BFI UNICEF 3 day course (Community North)
   CTG SD (Community South)
   Wound Management (NHH)
   PPH SD (RGH)

   RGH – 6 midwives (31.5%)
   Comm S – 2 midwives (20%)
   NHH – 3 midwives (23%)
   Comm N – 1 midwife (attended 8 SDs) (25%)
   County – 0

5. Your views on statutory supervision of midwives

5.1 In your own words, please describe what you think is the purpose of statutory supervision of midwives

From the comments given by midwives the following themes have been identified:

   - Protection of the public (mothers) 9 (60%)
   - Support practice and ensure competence 8 (53%)
   - Protection of midwives 3 (20%)
   - Personal and professional development of midwives 2 (13%)
There was a good understanding of the purpose of statutory supervision of midwives. Several midwives gave more than one response.

**5.2 How would you best describe your experience of supervision of midwives?**

From the comments given by midwives the following themes have been identified:

- **Positive responses** -
  Excellent (2), very good (2), supportive (3), positive/helpful (3), satisfactory (3)
  Total 13 (87%)

- **Negative responses** –
  Superficial (1), punitive (1)
  Total 2 (13%)

The responses were overwhelmingly positive but there was clearly some misunderstanding of the question with some respondents giving explanations of the purpose of supervision. Maybe this question could be rewritten with responses given above for midwives to circle as appropriate.

**5.3 What do you feel is the purpose of your annual supervisory review?**

From the comments given by midwives the following themes have been identified:

- **Discuss and plan training needs** 9 (60%)
- **Discuss development plans** 3 (20%)
- **Discuss practice issues/ reflect on practice** 4 (27%)
- **Provide support** 1 (7%)
- **Updated on policies and documentation** 1 (7%)
- **Not sure** 1 (7%)

Several midwives gave more than one response.

**5.4 Do you think your annual review was of benefit to you?**

Yes – 86% (13), one respondent circled the yes and no response, no response – 7% (1)

**5.5 If no, how do you feel it could be improved?**

No-one responded no to the question above but others added the following comments:

- **Ensure privacy**1 (7%)
- **Conflict of interest between manager and supervisor** 1 (7%)
- **Supervisor not aware of problems in unit** 1 (7%)

**5.6 How do you feel statutory supervision of midwives could be improved in your unit/Trust?**
From the comments given by midwives the following themes have been identified:

- Choose supervisor 1 (7%)
- More supervisors 1 (7%)
- Supervisors who are not managers 2 (13%)
- More accessible 1 (7%)
- More support 1 (7%)
- Time for supervision 4 (27%)
- Good, no improvement 3 (20%)
- No responses 4 (27%)

6. Recruitment and selection of supervisors of midwives

6.1 Do you know how to become a supervisor of midwives?
Yes – 100% (15)

6.2 Would you like to become a supervisor of midwives?
Yes – 20% (3), No – 73% (11), Not sure – 7% (1)

6.3 Explain the reason for your previous answer

No responses:
- Time consuming 6 (40%)
- Demanding 2 (13%)
- Too much hassle 1 (7%)
- Family commitments 1 (7%)
- Supervisors/managers - conflict of interest 1 (7%)

Yes response:
- Would like to take midwifery forward 1 (7%)

7. Raising concerns regarding statutory supervision of midwives

Are you aware of the process for raising concerns about the practice of a supervisor of midwives?
Yes – 33% (5), No – 40% (6), No response – 27% (4)

8. Place of work -
RGH – 4 (21%)
RGH Comm – 4 (40%)
NHH – 3 (23%)
NHH Comm – 2 (50%)
CBC – 0 (0%)
County – 1 (50%)

Good response from Community midwives and County
Poor response from RGH and NHH
No response from CBC midwives

Clinical areas -
RGH – B4 – 3, MDU – 1
NHH – DS – 2, Rotation – 1

**Length of time you have worked in the Trust as a midwife**
Range = 6 – 28 years

6 – 10 years = 5
11 – 15 years = 2
16 – 20 years = 2
21 – 28 years = 5
One not completed

Good range of length of service

*If you have any further comments you would like to make regarding supervision of midwives please continue on separate paper*

*All responses will remain anonymous*

No further responses
RECOMMENDATIONS

1. Aim to improve response rate. Discuss with midwives at Annual Supervisory Review.

2. Midwives must be informed that they can change their supervisor and the process for doing so (Qu 1.2). Agree arrangements for this. Investigate any midwife wishing to change her supervisor frequently (NMC, Supervision, support and safety 2007-8 p 20).

3. Annual Supervisory Reviews MUST take place in a room which ensures privacy (no interruptions, telephone calls, mobile phone ringing etc) (Qu 2.4). This was a recommendation from last years audit.

4. Supervisors must help midwives achieve their developmental needs (Qu 2.7). Question needs to be changed to find out why midwives felt that SOMs did not always do this.

5. Supervisors must complete personal development plan (Qu 2.8)

6. Supervisors must review the midwife’s record keeping (set of notes) (Qu 2.9). Agree process.

7. Ensure Supervisor of Midwives Guideline is displayed on supervisor’s notice boards (Qu 3.1). This guideline is due for reviewing by Sept 2009.

8. Midwives need to be informed how to access electronic copies of policies and guidelines (Qu 3.3). Place information on notice boards and ensure information is reinforced at annual supervisory review.

9. Midwives must be given the opportunity to attend study days (Qu 4.1)

10. Rewrite some of the questions

11. Midwives need to be informed of the process to be followed if they have concerns about the practice of supervisor of midwives.

12. Four separate midwives commented on ‘conflict’ between management and supervision. In particular, not knowing which ‘hat’ the supervisor was wearing when they were also a manager. Consideration needs to be given as to how this issue can be resolved. Midwives should again be given the opportunity to change their supervisor especially if their supervisor is also a manager. Having a manager on call may help to resolve this problem.
### ACTION PLAN

<table>
<thead>
<tr>
<th>ACTION</th>
<th>REVIEW DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Place guidance for midwives to change their SOM on notice board.</td>
<td>April 2009</td>
<td>SOMs with responsibility to update notice boards</td>
<td>Complete</td>
</tr>
<tr>
<td>Invite midwives to change their supervisor if they wish to.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ASRs must be undertaken in a private room with no interruptions</td>
<td>Sept 2009</td>
<td>ALL SOMs</td>
<td>Informed</td>
</tr>
<tr>
<td>3. SOMs must complete all parts of the supervisory review</td>
<td>Sept 2009</td>
<td>ALL SOMs</td>
<td>Informed</td>
</tr>
<tr>
<td>4. Place SOM guideline on notice boards</td>
<td>April 2009</td>
<td>SOMs with responsibility to update notice boards</td>
<td>Complete</td>
</tr>
<tr>
<td>5. Inform midwives how to access electronic copies of local policies</td>
<td>Sept 2009</td>
<td>ALL SOMs</td>
<td>Complete</td>
</tr>
<tr>
<td>and guidelines during ASR and place instructions on notice boards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Place LSA Guidelines on notice boards</td>
<td>April 2009</td>
<td>SOMs with responsibility to update notice boards</td>
<td>Complete</td>
</tr>
<tr>
<td>7. Review attendance at mandatory study days</td>
<td>Sept 2009</td>
<td>Midwifery managers and lead midwives for off duty</td>
<td>Informed</td>
</tr>
</tbody>
</table>

Audit to be repeated in September 2009 using audit tool with recommended changes.
Appendix 2

Gwent Healthcare NHS Trust
Supervision of Midwives Guideline

1 Approved by: Maternity Unit Review Date: September 2009 Gwent Healthcare NHS Trust Supervision of Midwives Guideline Obstetric Directorate Owner: Head of Midwifery Status: Issue 1 Issue Date: September 2006
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SUPERVISION OF MIDWIVES GUIDELINE

1. Policy statement

Supervision of midwives is a statutory responsibility which has its origins in the Midwives Act 1902. Currently determined by the Nursing and Midwifery Order 2001, supervision of midwives is now the responsibility of a Local Supervising Authority (LSA) in the United Kingdom with Articles 42 and 43 of the 2001 Order defining an LSA and its responsibilities. A midwife appointed by the LSA as a supervisor of midwives is directly accountable to the LSA, not to her employer, for performance as a supervisor. Health Inspectorate Wales is responsible for the LSA function within the Principality.

More recently, the Midwives Rules and Standards 2004 further defines the statutory responsibilities of supervisors of midwives and the LSA, confirming that supervision of midwives is a distinct role within the midwifery profession which is separate from clinical supervision.

2. Introduction

The aim of supervision of midwives is to protect the public, by safeguarding and enhancing the quality of care for childbearing women and their families. It also provides a mechanism for support and guidance to practicing midwives, facilitating safe standards of care, whilst encouraging and ensuring professional development for midwives. The outcomes of these aims are designed to benefit women, midwives, Trusts and Local Health Boards.

Midwives are authorised to be responsible and accountable for the care of childbearing women throughout normal pregnancy, labour and puerperium. The purpose of supervision of midwives is to assist midwives develop, achieve, and maintain the necessary competencies to perform these duties.

Supervisors of midwives can also provide advice and guidance to women accessing maternity services, as well as assisting in discussions with women when concerns are expressed regarding the provision of care.

When executed effectively, supervision develops professional leadership. This creates a practice environment to support innovation and where midwives can develop skills to practise autonomously and contribute to cost effective ways of achieving quality women centred care.

3. Purpose

Statutory supervision of midwives is a vital part of the midwifery profession and it is important to ensure that its function is understood and appreciated by all relevant parties. The purpose of this guideline is to highlight the main functions of statutory supervision of midwives. This will lead to a better understanding of how effective supervision of midwives can support midwives to deliver excellence in clinical practice which protects and benefits women and their families.

4. Supervision of midwives

The NMC Midwives Rules and Standards 2004 state:
‘The role of a supervisor of midwives is to protect the public by empowering midwives and midwifery students to practise safely and effectively’

Each supervisor of midwives in Wales is accountable to the LSA of Health Inspectorate Wales. S/he ensures all midwives and managers of midwifery services have up-to-date information which will enable them to carry out their duties effectively.

5. Access to supervisor of midwives

- There is 24 hour access to a supervisor of midwives irrespective of employment status. An on call rota is situated in each clinical area.
- Every midwife has a named supervisor of midwives.
- Every midwife should be given the opportunity to choose her/his supervisor of midwives. However, if a supervisor has more than the recommended 15 supervisees, the midwife will be allocated another supervisor of midwives until there is the opportunity to change.
- Each clinical area has a Supervisor of Midwives file containing profiles of all the supervisors of midwives in Gwent Healthcare NHS Trust together with their contact details.
- Every midwife has the option to change to another supervisor of midwives. It is advisable to discuss this, in the first instance, with the current supervisor of midwives. The midwife should then refer to the Supervisor of Midwives file to choose one that best suits her/his needs and arrange to change.
- If a midwife moves area or changes her/his supervisor of midwives, the supervisory records should be transferred to the new supervisor of midwives.
- The ratio of supervisor of midwives to midwives should not normally exceed 1:15

6. Intention to Practise

- Each midwife must notify their Intention to Practise (ITP) to the LSA in the area in which they intend to practise midwifery.
- For midwives working in Gwent this will be to the LSA in Wales via their supervisor of midwives. Midwives who work outside the geographical boundaries of Wales, must notify the appropriate LSA (NB close proximity of some areas of Gwent to England).
- The NMC will send every midwife on the register a personalised ITP form which needs to be completed promptly and returned to the named supervisor of midwives.
- It is every midwife’s personal responsibility to ensure they keep a photocopy of their ITP.
- Supervisors of midwives receive ITP forms, check and sign for accuracy and validity prior to forwarding to the LSA within the agreed time frame.
- A database of all midwives who notify their ITP in Gwent Healthcare NHS Trust is maintained. This is updated on a monthly basis and forwarded to the LSA. Supervisors of midwives must be informed of any changes to personal details, practice etc.
7. Annual supervisory review

- Every midwife will meet with her/his supervisor of midwives, at least once a year, to review the midwife’s practice and education needs and agree an action plan. This includes compliance with PREP.
- Proactive approaches are used to support midwives in their continuing professional development and when deficiencies in practice have been identified.
- Confidential supervisory activities are undertaken in a room that ensures privacy.
- Records are kept of meetings between supervisor and midwife and each have a copy.
- Supervisory records are stored in locked cabinets to maintain confidentiality.
- All records relating to statutory supervision of midwives should be kept separate from employment records.
- All records are confidential but they may be disclosed eg in a LSA or NMC fitness to practise investigation.
- All supervisors of midwives records, relating to statutory supervision of midwives, are kept for a minimum of seven years.
- Records relating to an investigation of a clinical incident are kept for a minimum of 25 years.

8. Evidence based care

- All midwives have access to documentation of local policies and evidence based guidelines in electronic format. Current Trust policies and guidelines can be accessed via the intranet.
- Updates on new policies and guidelines can be found on supervisors of midwives notice boards.
- Midwives are provided with skills and drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations. It is the responsibility of every midwife to attend one of these workshops annually.

9. Clinical audit

Clinical audit reviews the process of clinical activity. Risk management ensures that recommendations resulting from the audit are disseminated and introduced to change practice.

- Every midwife’s record keeping is audited annually to ensure the midwife’s records are appropriate and reflect evidence based care that offers choice and reflects consent. Every midwife is asked to bring a set of their notes to the annual supervisory review to be audited.
- Records relating to midwifery care are an essential aspect of practice and communication. Records demonstrate the standard of care given to the woman or baby.
- Supervisors of midwives undertake an audit of a sample of records during one month each year in each maternity unit.
- Supervisors of midwives undertake an audit of CTGs annually.
- Midwives, doctors and students are invited to participate in both audits.
• Recommendations from audits are disseminated to each unit and action points formulated. This ensures that standards are monitored to maintain best practice for women and their babies.
• Any concerns regarding midwifery practice highlighted from the audit will be followed up by the named supervisor of midwives.

10. Nomination and selection of new supervisors of midwives

• The LSA in Wales will appoint adequate numbers of supervisors of midwives to exercise statutory supervision over all practicing midwives within the geographical area.
• The decision to appoint or replace an outgoing supervisor will be agreed with the employing authority and the LSA MO.
• The ratio of one supervisor to 15 midwives is the NMC standard. However, dependent on local circumstances, the ratio may be lowered.
• To become a supervisor of midwives, a midwife must comply with requirements as stated by the NMC.
• The midwife will need to go through a selection process as agreed by the LSA. The selection is processed via a nomination process. The midwife can self nominate or be nominated by her/his peers, but the support of junior or newly qualified midwives, students and users of the maternity services is encouraged.
• The nominated midwife should have specific skills to undertake the role. These include leadership skills, interpersonal skills, investigative skills and presentation skills.
• Nominees will provide a statement of intent and a curriculum vitae to the link supervisor of midwives who will submit to the LSA for consideration.
• A panel consisting of peers, students, newly qualified midwives users, link supervisor of midwives and the LSA MO will interview selected nominees.
• Chosen candidates will undertake and successfully complete a recognised programme of education and preparation.
• Whilst undertaking the course the midwife will select a supervisor of midwives to act as a mentor. The mentor will support and guide the midwife through the programme providing learning opportunities where appropriate.
• On successful completion of a preparation of supervisor of midwives course, the midwife has to be appointed by the LSA to undertake the role. It is only at this point that a midwife can be called a supervisor of midwives.
• Newly appointed supervisors of midwives will be allocated a preceptor who will provide ongoing advice and support for the first few months after appointment.
• Supervisors of midwives are required to update their knowledge and skills in relation to supervision in addition to any updates required to maintain their midwifery registration.
• For further information and advice please contact your named supervisor of midwives or link supervisor of midwives.

11. Investigating suspected allegations of misconduct or sub-optimal care

• An interface between supervision and risk management is evident in the investigations of critical incidents.
• A supervisor of midwives is present at every risk management meeting in each maternity unit.
• From these meetings the supervisors collate action learning points from the cases presented and contribute to ‘Lessons of the Month’ which are disseminated to the multi professional team in the respective location.
• When allegations of sub optimal care by a midwife are made, a supervisor of midwives undertakes an investigation.
• Midwives involved will be asked to write a statement of events. Midwives may seek advice from a their named supervisor with this.
• Allegations of serious professional misconduct are reported to the LSA MO together with full written report and recommendations.
• When investigations are undertaken, the midwife is offered the support of another named supervisor of midwives.
• The LSA MO is involved when a period of supervised practice is recommended for the midwife.
• The overall aim of supervised practice is to develop the midwife’s competence and confidence in a supportive environment.
• An action plan is developed in conjunction with the midwife, which determines learning outcomes relevant to their professional development needs within an agreed time frame.
• Supervisors of midwives notify local managers of investigations being undertaken and action plans agreed.
• Allegations of lack of competence are investigated and, if identified, processes are put in place to address practice deficits.
• In the case of a midwife who is not competent to practise midwifery or where there is non-compliance resulting in misconduct or health matters inhibiting safe practice, the LSA will refer the midwife to the NMC.
• In accordance with Rule 5 of the NMC Midwives rules and standards 2004, a LSA may suspend a midwife from practice.

12. Complaints against a supervisor of midwives or LSA MO

• The LSA has a duty to investigate any formal complaint made about a supervisor of midwives.
• Complaints should be directed to the LSA MO who will investigate in a fair and transparent manner.
• The LSA has a duty to investigate any formal complaint made about a LSA MO.
• Complaints should be directed to the Professional Adviser (midwifery) at HIW.
• Verbal complaints should be followed up in writing.

13. Independent midwives

• Independent midwives require statutory supervision exactly the same as those midwives working for employing authorities.
• The independent midwife will be allocated a named supervisor of midwives who will ideally work and/or reside in the locality where the independent mainly practices to facilitate ease of contact.
• The named supervisor and liaison supervisor of midwives should facilitate orientation to NHS premises which the independent midwife may use.
• The independent midwife will liaise with her named supervisor of midwives and liaison supervisor to enable all local policies, procedures, care pathways and guidance, which she will require to adhere to when working in NHS organisations.

14. Conclusion

Statutory supervision of midwives provides a mechanism for ensuring protection of the public through monitoring and inspecting midwifery practice. Current models of supervision also include providing support and guidance to practicing midwives, but the key purpose of statutory supervision remains protection of the public i.e. safe care of women and babies.

Bibliography:
Health Professions Wales, The Local Supervising Authority for Wales (2005) Guidelines for Statutory Supervision of Midwives, Cardiff

Health Professions Wales, The Local Supervising Authority for Wales (2005) Statutory Supervision of Midwives Information and Guidelines, Cardiff
Health Inspectorate Wales, The Local Supervising Authority for Wales (2006) Statutory Supervision of Midwives Standards (Wales), Cardiff
### Appendix 3

**Gwent Healthcare NHS Trust**

**Maternity Dashboard:**
Clinical Performance and Governance Score Card

<table>
<thead>
<tr>
<th>Activity</th>
<th>Goal</th>
<th>Red Flag</th>
<th>Measure</th>
<th>Comment</th>
<th>Data Source</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
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<tr>
<td><strong>Organisation</strong></td>
<td>Number ethnic group reps. on Labour Ward Forum</td>
<td>3 reps</td>
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<td>Minutes</td>
<td>DATEX</td>
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<tr>
<td><strong>Births</strong></td>
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<td></td>
<td></td>
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<td></td>
<td>12%</td>
<td>9%</td>
<td>10%</td>
<td>9%</td>
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<tr>
<td><strong>Instr. Vag Del</strong></td>
<td>Ventouse &amp; Forceps</td>
<td>10-15%</td>
<td>&lt;5% or &gt;20%</td>
<td>Inst Vag D/Birth</td>
<td>DATEX</td>
<td>12%</td>
<td>9%</td>
<td>10%</td>
<td>9%</td>
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<tr>
<td><strong>C-Section</strong></td>
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<td>&lt;24%</td>
<td>&gt;26%</td>
<td>C-section/Birth</td>
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### Workforce

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<th><strong>Weekly hours of consultant cover on labour ward</strong></th>
<th>&gt;40 hours</th>
<th>&lt;36 hours</th>
<th><strong>Hours Per week</strong></th>
<th><strong>Labour ward duty rota</strong></th>
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<tr>
<td>Midwife/birth ratio</td>
<td>1.30</td>
<td>&gt;1.40</td>
<td>WTE/births</td>
<td>HOM</td>
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<tr>
<td>Supervisor to midwife ratio</td>
<td>&lt;1.15</td>
<td>&gt;1.20</td>
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<td>HOM 01:15 01:05 01:15 01:15</td>
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<tr>
<td>Sickness</td>
<td>&lt;4%</td>
<td>&gt;6%</td>
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<td>Ed &amp; training Prog - attendance</td>
<td>&gt;90%</td>
<td>&lt;90%</td>
<td>Review 6 monthly</td>
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### Staffing levels

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<th><strong>Ed &amp; training Prog - attendance</strong></th>
<th>&gt;90%</th>
<th>&lt;90%</th>
<th><strong>Review 6 monthly</strong></th>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Clinical Indicators

<table>
<thead>
<tr>
<th><strong>Eclampsia</strong></th>
<th><strong>No. of patients</strong></th>
<th>DATEX</th>
<th>0</th>
<th>1</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU admissions in Obstetrics</td>
<td><strong>No. of patients</strong></td>
<td>DATEX</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Blood Transfusions (4 units of blood)</td>
<td><strong>No. of patients</strong></td>
<td>DATEX</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Post partum hysterectomies</td>
<td><strong>No. of patients</strong></td>
<td>DATEX</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Neonatal morbidity

<table>
<thead>
<tr>
<th><strong>Number of cases of meconium aspiration</strong></th>
<th>&lt;4 in any 2 month period</th>
<th>&gt;4 cases in any 2 month period</th>
<th><strong>No. of patients</strong></th>
<th>DATEX</th>
<th>1</th>
<th>1</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases of hypoxic encephalopathy (Grades 2&amp;3)</td>
<td><strong>No. of patients</strong></td>
<td>DATEX</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NNU Status

| **No of cots filled %** | <75 ; 76 - 89 | >90 | **DATEX** | 79 | 68 | 83 | 85 |

### Risk Management

<table>
<thead>
<tr>
<th><strong>Number of SBs / IUDs</strong></th>
<th><strong>Investigations undertaken</strong></th>
<th><strong>Risk Dep</strong></th>
<th>2</th>
<th>0</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed Instrumental Delivery</td>
<td><strong>Ins Del/Birth</strong></td>
<td><strong>Risk Dep</strong></td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>&lt;7/month</td>
<td>&gt;10/month</td>
<td>Risk Dep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------</td>
<td>-----------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massive PPH &gt;2L</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder dystocia</td>
<td>&lt; 4/month</td>
<td>&gt; 7/month</td>
<td>0.5-1.5 % of Deliveries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd degree tear</td>
<td>&lt;4/month</td>
<td>&gt;7/month</td>
<td>&lt;5% of deliveries (RCOG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Complaints</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of complaints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of times unit closed for admission in each month</td>
<td>&lt;1 per month</td>
<td>&gt;3 times per month</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## GWENT HEALTHCARE NHS TRUST
### SUPERVISION OF MIDWIVES
### ANNUAL TIMETABLE OF ACTIVITIES 2008

<table>
<thead>
<tr>
<th>MONTH</th>
<th>ACTIVITY</th>
<th>ACTIVITY</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUARY</td>
<td>Review annual activities</td>
<td>Exit interviews</td>
<td></td>
</tr>
<tr>
<td>FEBRUARY</td>
<td>Complete ITPs to Link SOM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARCH</td>
<td>Link SOM meeting</td>
<td>LSA Workshop</td>
<td>¼ activity report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOM Awareness Week</td>
<td></td>
</tr>
<tr>
<td>APRIL</td>
<td></td>
<td>UK LSA Conference</td>
<td>Exit interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nottingham</td>
<td></td>
</tr>
<tr>
<td>MAY</td>
<td>SOM Annual Report to LSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUNE</td>
<td>Link SOM meeting</td>
<td>Maternity Care Evaluation</td>
<td>¼ activity report</td>
</tr>
<tr>
<td></td>
<td>Away Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JULY</td>
<td></td>
<td>Exit interviews</td>
<td></td>
</tr>
<tr>
<td>AUGUST</td>
<td>LSA Standards Audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEPTEMBER</td>
<td>Link SOM meeting</td>
<td>Supervision audit</td>
<td>¼ activity report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCTOBER</td>
<td>Notes Audit</td>
<td>Exit interviews</td>
<td></td>
</tr>
<tr>
<td>NOVEMBER</td>
<td>Complete TNA to Tracey</td>
<td>CTG Audit</td>
<td></td>
</tr>
<tr>
<td>DECEMBER</td>
<td>Link SOM meeting</td>
<td></td>
<td>¼ activity report</td>
</tr>
</tbody>
</table>
INDIVIDUAL RESPONSIBILITIES

EXIT INTERVIEWS
CBC - Carol Bennett
RGH – Jenny Barrell
NHH – Gwyneth Ratcliffe

MATERNITY CARE EVALUATIONS
CBC – Melrose East
RGH – Ann James
NHH – Karen Bertie

NOTICE BOARDS
CBC – Carol Bennett
RGH – Ann James, Judith Carlin, Jane Romain, Kath Maguire
NHH – Melrose East, Elaine Gregory
COUNTY – Sam Thomas

AUDITS
CTG - Jane Romain, Kath Maguire
NOTES - Gwyneth Ratcliffe, Sam Thomas

SUPERVISION - Ann James

GUIDELINE DEVELOPMENT GROUP
Glenys Roberts

WIKI/ INTRANET SITE
Gwyneth Ratcliffe, Deb Pimbley

TASK AND FINISH GROUP
Ruth Long, Melrose East, Jane Romain, Gwyneth Ratcliffe, Annette McHugh, Tracey Mudd, Adele Hood

ON CALL ROTA
Glenys Roberts

ALL GWENT RISK MANAGEMENT
Link Supervisor/ Deputy

OPERATIONAL MEETING
Link Supervisor/Deputy

DIVISIONAL CLINICAL GOVERNANCE FORUM
Annette McHugh

DIVISIONAL RISK MANAGEMENT MEETING
Link Supervisor/deputy

MULTIDISCIPLINARY RISK MANAGEMENT MEETINGS
Shared by all Supervisors, arranged at the monthly meeting

REVIEWS/INVESTIGATIONS/RCA
Shared by all Supervisors, arranged at the monthly meeting

DESIGN OF SPECIALIST AND CRITICAL CARE CENTRE
Glenys Roberts, Jane Romain