



East of England Local Supervising Authority

West Hertfordshire Hospitals NHS Trust: Supervisors of Midwives - Annual Report 2011-12

This report fulfils the statutory requirement for the Supervisors of Midwives (SoMs) team based at West Hertfordshire Hospitals NHS Trust (WHHT), to complete an annual audit to the Local Supervising Authority Midwifery Officer (LSAMO), of their activities throughout the last financial year 2011-12.

Introduction

Supervisors of Midwives develop and maintain safe midwifery practice to ensure the protection of mothers, babies and their families. They meet regularly with midwives and ensure a high standard of care is provided. The Supervisors are independent of the Trust and work in a team. Their role is different to the Head of Midwifery who is responsible to the Trust to ensure that maternity services run effectively. The Supervisor of Midwives is accountable to the Local Supervising Authority (LSA) and is supported in their role by the Local Supervising Authority Midwifery Officer (LSA MO).

Supervisors of Midwives give guidance and support to midwives and also have a role in providing support and guidance to mothers. They support the practice of midwives and ensure that the care offered meets the standards laid down by the Royal College of Midwives. Supervisors of Midwives act as positive role models for midwives, guiding and supporting them in developing skills and expertise. If a midwife requires additional education, training and support in practice, a Supervisor can recommend a formal programme of supervised practice. *(information sourced from Nursing and Midwifery Council 2008)*

This report provides responses against each of the audit standards determined by the LSAMO.

1 Each team of SoM will ensure their report is made available to the public

Response: This report informs the LSA annual report which is available to members of the public and midwives through the LSA website: <http://www.midwife.org.uk>

As part of this year's action plan the report will also be available on the Trust's website: <http://www.westhertshospitals.nhs.uk>

2 Numbers of supervisors of midwives appointments, resignations and removals

	2009/2010	2010/2011	2011/2012
Total of supervisors working in your Maternity Service	8	5	8
Total of midwives working in your Maternity Service (Head Count)	267	242	223
New appointments SoM	1	3	1
Resignations SoM	1	2	0
Removals SoM	0	0	0
Ratio of midwives to SoM within your Maternity Service as of 31 st March 2009	33.4	48.4	27.87
SoM who are suspended from their role for any period.	0	1	1
Information about your recruitment strategy	-	See action	Planned 'Day of the Midwife' to

to ensure you have sufficient and sustainable numbers of SoM for the future		plan Standard 2.1	promote supervision and encourage recruitment. Ring fenced funding for a full time supervisor to support the team from April 2012
Supervisors of midwives removed from their role	Nil	Nil	Nil
Reasons for suspensions or removals.		Sickness	Sickness

3 Details of how midwives are provided with continuous access to a SoM

- Contact their named supervisor of midwives?

Response: By email, telephone, or personal contact.

- Contact a supervisor of midwives in an emergency?

Response: An on-call rota is provided and a member of the Supervisory team is on call for a 24 hour period. The rota is circulated to all clinical areas within the maternity service, to all the midwifery managers and to the Hospital Switch Board so women and midwives can contact the on-call SoM as required.

- What are your contingencies if one is not contactable?

Response: In case of sickness other members of the team will cover the on-call as required. In cases of extreme emergency, if the first on call SoM was not contactable then any other members of the team can be called to assist as required.

Please provide evidence of how access to a supervisor of midwives is audited in your Maternity Service including:

- Continuous access to a supervisor of midwives.

Response: 24 hour on-call rota is displayed and available in all clinical areas within the maternity service and via Main Switchboard. To audit the effectiveness of this access, a midwives' survey was undertaken by a student SoM attached to the team. This demonstrated that 82% of the 73 midwives who responded felt that SoM's were accessible at all times while 13% were unsure and only 5 said they were not accessible.

- Response times from supervisors of midwives to requests for advice from midwives in challenging situations.

Response: SoMs continue to keep their personal records including record response time as appropriate. An approved template has been developed and will be used in future to make this process more explicit and to monitor effectiveness of access.

Midwives are asked at annual review if they are able to contact a SoM easily and to date this has not been raised as an issue.

- Response times from supervisors of midwives to requests for advice from women in challenging situations.

Response: As above

- Outcomes and action plans resulting from these audits.

Response: Our action for the forthcoming year is to audit these areas in a formal manner using the approved template. Ongoing information is available to midwives to ensure that they are aware that supervision can be accessed as a further support strategy.

You may wish to give examples of innovative or best practice.

Response: An event to celebrate the International Day of the Midwife in May 2012 was planned during the period of this report to raise the profile of supervision within the Unit for both services users and midwives.

A Maternity Unit Newsletter includes a section relating to supervision which is available to all staff and users working within the Trust.

4 Details of how the practice of midwifery is supervised

Please provide details of how the supervisory function works and what processes are in place for the effective supervision of midwives? This includes:

- Methods of communication with supervisors of midwives

Response:

- Monthly meetings of the SoM team with minutes of SoM meetings posted on the intranet
- Group emails within the team
- Contact Supervisor co-ordinates communication

- Mechanisms to disseminate information

Response:

- The contact SoM disseminates emails received from LSA officer to the SoM team
- Group emails are used by the SoM team to disseminate individual information and or comment on documents
- Mobile phones are used for personal contact as required.
- A maternity service Newsletter is used to disseminate information around the Trust

- Mechanisms to ensure consistency when carrying out supervisory functions.

Response: The team meet monthly and discuss cases and approaches to investigations. Recent external support has been especially helpful in using new approaches. All investigation reports are reviewed and amended in accordance with LSAMO recommendations to ensure a standard approach. These are stored on the LSA Database along with SoM Annual Reviews.

In addition the following applies:

- Rota for chairing monthly meeting and taking minutes in place, involving all SoMs on the WHHT team.
- The team have developed a template used for SoM minutes, which is based on the Standards for Supervision.

- Evidence about how SoM have improved care to women or enhanced and supported the practice of midwives.

Response:

- Directly, SoMs have been actively involved in cases with women and midwives to support both in exploration of choices and planning of care such as: supporting a woman's choice to have a lotus birth of placenta; choice of birth place including birthing centre for women who do not strictly meet the criteria
- In-directly, SoMs are involved in clinical governance activities, which inform guideline review and development; training needs analysis; contribution to facilitation on study days and clinical governance presentations.

- Information on any challenges that impede effective supervision

Response:

- Main challenge continues to be lack of SoMs to perform the full role and scope effectively within the Trust. For some SoMs with clinical commitments it has also been challenging to be released from clinical duties to attend to incidents as they happen.
- The numbers of active supervisors has been particularly low for the past 2 years leading to a very high caseload for each SoM and meaning that certain supervisory functions such as providing individual support for midwives, conducting annual reviews and investigations have had to be prioritised.

- How are these challenges being addressed?

Response: The role of the SoM has been actively promoted within the Trust (see above) to encourage further recruitment. As a result several midwives have expressed interest in

becoming SoMs. It has been agreed that at least 2 more candidates can undertake the preparation programme commencing September 2012.

Funding has been secured to enable a full time SoM to join the team from April 2012.

A new SoM has joined the team in February 2012 and a student SoM is due to qualify in September 2012.

- Progress towards an electronic method of storing supervision related data.

Response: All team members use the LSA Database and a revised restricted access folder is available on the Trust's server, where supervisory information and sensitive data is stored. There have been technical problems accessing this data which is being addressed for the coming year and the IT department is working resolve these with the team.

The team are continuing to work towards being completely electronic for all methods of storage for example:

Response: The LSA have provided SoMs with memory sticks and has provided an extra computer for sole use by the SoM team.

- The number and % of supervisory reviews undertaken :

Response: 242 annual reviews were undertaken for 2011-12, which is 82%.

The number of midwives currently working by Head Count

Response: Headcount is 223

The number of Midwives who are supervised that work outside your Trust.

At March 2012, 4 midwives who work outside WHHT were being supervised by members of the WHHT SoM team.

5 Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervisors in their role

- Service user involvement in the supervision of midwives

Response: SoMs are represented at local Maternity Services Liaison Committee (MSLC) meetings and are attending in a purely supervisory role. SoMs and service users also interface at Maternity Clinical Effectiveness (MCE) meetings

- Progress against action plans to improve service user involvement:

Response: A presentation will be organised to promote the role of the SoM to the local MSLC.

The new hand held records will include a section outlining the role and function of midwifery supervision, so service users are informed.

- Evidence of service users participation in MSLCs, Labour Ward forum and other forum for obtaining women's views.

Response: See above (MSLC, MCE attendance). The Labour Ward forum was merged into the Maternity Services and Risk Management Group and there is SoM representation at this group also.

- Training provided to service users to allow them to actively participate in local forums:

Response: Currently training for service users is not provided, but to address this, the action plan for the coming year is for a group of WHHT SoM to present at the local MSLC meeting to highlight the role and function of the supervisor.

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

Response: Local Service and Education meetings are held on a monthly basis with managers, SoMs, educationalists, and student midwives in attendance. This is a forum for discussion of clinical, educational and practice issues.

Student midwives complete practice placement questionnaires (using the Bristol online Survey) in relation to their clinical placements and results of these are fed back to the clinical sites via service and education meetings which SoMs attend. .

A member of the SoM team is also a link lecturer so ensures that communication is fed back from the WHHT SoM team to the HEI and vice versa.

• The processes used to provide feedback into higher education providers and commissioners
Response: Service and Education meetings provide a forum whereby links are made between education and practice for students.

SoMs have also been involved in:

- Curriculum planning
- SoMs have been involved in the recent successful revalidation of pre and post registration programmes including the SoM preparation course.
- Educational audit of placement areas includes a question about midwifery supervision within the Trust.
- A local SoM is invited to biannual Programme Committee meetings attended by educationalists, students and clinicians

• Information as to how local SoM relate to the Lead Midwife for Education (LME) in relation to students who are failing or fail to complete the programme successfully.

Response: Excellent links exist between the university and the Trusts with meetings attending by HoMs, lead midwife for education and SoM: Directors of Service and Education.

A local SoM is present on a panel discussing fitness to practice issues where a midwifery student is involved.

A local SoM is present at University Exam Board with the LME when student's progression is discussed and decided.

Please complete the following table in relation to Return to Practice midwives

Return to Practice

Year	Enquiries	Completed Course	Currently Employed
2009/10	2	0	0
2010/11	2	1	1
2011/12	2	1 in process	0

7 Details of any new policies related to midwifery practice

Response: All policies and guidelines are reviewed and developed with the Trust's policy, and through the multidisciplinary maternity services governance groups. SoM's are integral to this process. 11 guidelines were reviewed and ratified in this year. Please see table.

Breast feeding policy
Intra and post partum bladder care guideline
Operative vaginal delivery guideline
Management of breech guideline
Thromboprophylaxis policy
Perineal suturing guideline
Antenatal and newborn bloodspot screening guideline
Neonatal jaundice guideline
Multiple pregnancy guideline
MMR vaccination guideline
Handover of care SBAR guideline

8 Evidence of developing trends affecting midwifery practice in your local area

Response:

Workforce issues: The service has a perennial problem associated with recruitment. The main issue relates to competitive rates of pay in London and commutability from Watford to the centre of London. The service continues to be intuitive and innovative to these issues and together with SoM's has revised an already well appraised preceptorship programme for newly qualified midwives. (This is an annual task undertaken at the time of training needs analysis in November)

Our challenge continues to be attracting more experienced midwives. The demographic of our workforce will see 30% of the senior midwifery workforce retire in the next four years. This loss of skill is not easy to replace, and is compounded by the significant number of part-time midwives making 51.58% of the total establishment. This inflates the actual headcount of midwives and is an added pressure on an already stretched SoM team to provide a named midwife. As the table in section 2 above demonstrates the SoM case load well exceeds the recommended 1:15. The Band 7 development programme referred to in last year's report, to support senior Band 6 midwives make the leap to Band 7 successfully completed in year and two appointments to Band 7 have been made. We have a further two midwives due to start in the new financial year. SoM's have been involved in the development and appraisal of this programme.

All workforce issues have been raised and are on the risk register and escalated to the Trust board including the SoM ratio.

Activity issues: Between 2007-2010 the service delivered approximately 5650 women per annum. As part of the SHA maternity staffing review the Trust was advised that the ratio of midwives to women should be 1:30 women delivered. At the start of 2010-11 the budget was set with a mitigated risk to an establishment of 1:34. In year however the service supported 5845 women in giving birth pushing our ratio back out. This was escalated through the appropriate risk forums and an aggregated risk assessment was presented to the non-executive committee in January 2011. The Trust supported the maternity service in applying Activity Management Criteria (capping) to the service to enable building work to expand the unit to enable 5900 deliveries. SoMs and the management team were instrumental in escalating this risk both internally and externally to the Trust. The cap was applied in May 2011 and released in 2012, and the Trust increased midwifery funding to a ratio of 1:34. In November the SHA sought assurance that the Trust was proactively seeking to increase the funded establishment to 1:30 in accordance with previous recommendations. At the end of 2011-12 the Trust has agreed to a plan to increase funding in the new financial year (2012-13) in a stepped manner first to 1:32 and then 1:30 by September 2012.

Throughout the course of the year the maternity service has closed on 6 occasions from April 2011 to March 2012, all as a consequence of neonatal activity issues rather than maternity service staffing or capacity issues. There has been an increase in reporting clinical incidents but this is considered best practice. We have had a number of reportable Serious Incidents and SoMs have been actively involved in investigation processes.

Women Delivered

	Hospital	Home	MLU	Total
Delivered 09/10	4253	163	1244	5660
Delivered 10/11	4464	148	1233	5845
Delivered 11/12	4555	129	1089	5773

Caesarean Section Rate

	Emergency	Elective	Total
09/10	16.02%	10.87%	26.89%
10/11	16.18%	10.83%	27.01%
11/12	17.06%	12.14	29.02%

9 Reports on all Serious Untoward Incidents to the LSA undertaken during the year.

How is the LSA informed of serious untoward incidents and how is this information shared within the local maternity service? Details of your locally agreed serious incident escalation policy and unit closure would be helpful here.

Response: The maternity service has an escalation policy outlined in the Maternity Risk Management Strategy. SoMs are informed within the escalation of risks. Serious incidents are reported internally within the Department then Division then through the Executive on-call. The Executive on call or nominated deputy will notify the Primary Care Trust, which will then notify the Strategic Health Authority. Additionally SoM's will notify the LSAMO through the LSA database.

10 Details of the number of supervisory investigations carried out by local SoM

Please detail how many supervisory investigations have been carried out within the reporting year. Please summarise the outcome of the investigations and details of any supervised practice undertaken.

Response: A total of 13 supervisory investigations were carried out by the team from April 2011 to March 2012.

Please provide details of how many investigations have been undertaken during the year by:

- Supervisors of midwives:

Response: 9

- An external supervisor of midwives or LSAMO commissioned by the Trust.

Response: 5

What guidance and support is available to supervisors of midwives as to when and how they should proceed with a local supervisory investigation. Include in this information the key trends and learning outcomes of any supervised practice programmes that have been particularly identified.

Response: SoMs follow the LSA standards and templates available on the LSA website to escalate to the LSAMO cases where a local supervisory investigation has been initiated. Support is obtained from the LSAMO and the team keep a local investigations log, which is reviewed by the team at each monthly meeting. Colleagues provide support. The LSAMO has also provided training during the year which some of the team have been able to attend.

In November the team at their away-day included a review of themes/trend arising not only out of annual reviews but also investigations to inform Training Needs Analysis, guideline development etc. This year the key themes were:

- Sub-standard quality of documentation
- Poor cardiotocograph (CTG) interpretation
- Communication and hand over
- Understanding of accountability and responsibility for cases
- The process of escalation of concerns regarding cases

Please provide information about supervised practice programmes that have not been implemented due to employer dismissal or refusal by the midwife. What action was taken by the local supervisor of midwives?

Response: There were no cases that this applied to in year

Please describe what action is taken by local SoM to reduce repeated incidents and ensure that learning has taken place.

Response: Recommendations from investigations this year have identified ongoing issues around midwives' accountability for their actions, communication issues between members of the multidisciplinary team, documentation, and CTG interpretation. These have been addressed on an individual basis and anonymously in Clinical Governance ½ days to the multidisciplinary team.

In addition, an extra half day study session is being provided to midwives to highlight these issues and focus on the identified themes. The role of supervision to support midwives in this context will also be considered during these mandatory sessions. .

Please can you also comment on how local SoM deal with concerns relating to the competence of newly qualified midwives, including their original place of training?

Response:

- Regular local Service and Education meetings feedback any issues to educationalists and SoM's
- Quarterly Directors of Service and Education meetings, both of the above have supervisory representation
- Two clinical facilitators support preceptor ship midwives to develop their skills and competence and will liaise with the SoM team as required

Natalie Forrest, Director of Nursing
11 July 2012