



**West Herts NHS Trust
Strategy for the Statutory
Supervision of Midwives
2011-2016**

Action Plan updated for 2014

Summary

This document sets out the agreed Supervisor of Midwives Strategy for 2011-2016 for the Supervisor of Midwives (SoM) team based at West Hertfordshire Hospitals NHS Trust (WHHT). The Strategy is reviewed each year at the SoM away-day held in November and an agreed action plan for the following year is developed.

Background

Supervision of Midwives is a statutory responsibility, which aims to safeguard and enhance the quality of care for the childbearing mother and her family. Its purpose is to protect women and babies by actively promoting safe standards of midwifery practice (LSAMO 2009). It provides a mechanism for support and guidance to every practising midwife and student midwife, in the United Kingdom (NMC 2012). The overall aim of this strategy is to provide a framework that can enable and empower midwives to meet the challenges of professional practice.

This strategy aims to ensure that Supervisors of Midwives (SoM) support excellence in midwifery practice, by providing midwives with professional support and leadership at both operational and strategic levels. It also aims to be accessible to pregnant and child bearing women. This strategy has been based on the Statutory Supervision of Midwives LSA Standards for England (2005) which sets standards for the Supervision of Midwives within the context of the NMC Midwives Rules and Standards (NMC, 2012). The strategy also reflects the government agenda for improving quality in the NHS, National Service Framework for Maternity, standard 11 (DoH 2004). The West Herts NHS Trust Strategy for Supervision of Midwives incorporates the wider trust nursing and midwifery strategy 2011 -2016

Philosophy of Supervision of Midwives

This philosophy provides a framework on which a strategy is built and reflects the shared vision of our Team of Supervisors of Midwives working within West Herts NHS Trust. The values of the supervisory team aim to enable midwives and student midwives to be confident, committed and competent practitioners, well equipped to provide the highest standards of evidence based midwifery care, which is individualised and family centred. The supervisory team is committed to the provision of an equitable, women focused maternity service that is sensitive and responsive to

the diverse needs of the local population and dedicated to providing professional leadership for midwives and maternity service at operational and strategic level.

The team of Supervisors of Midwives shares the view that supportive and effective supervision for every midwife is provided in the belief that through empowering midwives, excellence in client care will be realised and every midwife reaches her full professional potential. Together, the team provides a variety of skills and can act as valuable resources for each other and individual midwives working within the Trust, to contribute to and support the clinical governance agenda as set out in the Maternity Services Risk Management Strategy. The West Herts supervisory team works cohesively to provide support, advice and guidance to individual midwives on practice issues whilst ensuring the midwife complies with the Midwives Rules. The team of supervisors encourage further development of skills and knowledge for development of the individual and the service within West Herts maternity services.

West Herts Supervisory Team	To be appointed
Jenny Fake JF	Flo Hanson FH
Louise Fletcher LF	Nicky Wilkins NW
Nora Lucey NL	
Pam Rourke PR	
Kate Rudd KR	
Anne Marie Shand AS	
Dawn Stevenson DS	
Deborah Trollope DT	
Carole Yearley CY	
Cathy Hamilton CH	
Lisa Johnson LJ	

WOMEN FOCUSED MATERNITY SERVICES

Standard 1. Supervisors of Midwives are available to offer guidance and support to women accessing a midwifery service that is evidence based in the provision of women centred care.

Action Points

1.1 Supervisors of Midwives will provide support for women and act as an advocate for them at strategic level to ensure that maternity services are responsive and sensitive to the needs of the local population by advising local providers and commissioners.

1.2 Information is available to women including local arrangements for statutory supervision.

1.3 There is a working philosophy that promotes women and family centred care enabling choice and decision making in individualised clinical care.

1.4 Supervisors of Midwives support midwives to promote informed decision making about care for women and families.

1.5 Supervisors of Midwives support midwives in respecting the right of women to refuse any advice given and record in an individual care plan

Action Point	Lead SoM	Time Scale
1.1 Link SoM's will attend the following meetings and groups (to be revised on the Feb 2014 when new meetings are finalised)		
Incident Review Group	DT	Throughout year
Critical Incident review Groups :to be arranged as required (in most cases SoM on call at time of CIRG where possible or SoM inform DT when they are available in the Unit)	All SoMs DT	
Maternity Clinical Effectiveness meeting (MCE)	DT to organise SoM rota	By Feb 2014
Maternity Service and Risk Management Group (MSRM)	DT to organise SoM rota	By Feb 2014
CTG meeting (every Friday morning)	All SoMs to attend at least 2 per year.	

<p>Clinical Governance days</p> <p>Maternity Services Liaison Committee</p> <p>Perinatal and panel review</p> <p>Serious Incidents</p> <p>Maternity 'Onion'</p>	<p>(Suggested when SoM is rostered to attend MSRM.MCE, they also attend the CTG meeting)</p> <p>All SoM to attend at least 2 per year</p> <p>DT to circulate dates to the team. LF & DT</p> <p>Meetings to be arranged as required.</p> <p>DT</p> <p>Rota to be drawn up</p>	<p>Jan 2014</p>
<p>1.2</p> <ul style="list-style-type: none"> • SoM link on Trust internet web page, SoM leaflet. • Updated Hand Held Maternity Record Contact number in notes to be switchboard. • 'Mystery shopper' strategy ensures that women who contact switch board are put straight through to on-call SoM • SoM Notice Boards: ANC x 3 sites; Staff Room Level 3; Outside SoM office Level 2 • Notice Board needed in Hemel • Newsletter column • Student SoM undertaking project to illicit views of women about maternity care and promote role of the SoM to women 	<p>DT NL</p> <p>All</p> <p>DT</p> <p>DT DT, All</p> <p>NW/CH</p>	<p>Complete Complete</p> <p>Repeat Jan 2014 Partially complete</p> <p>Jan 2014 Ongoing</p> <p>J uly 2014</p>
<p>1.3</p> <ul style="list-style-type: none"> • Items listed in 1.2 • Mandatory Study Day (supervision section) to increase to 2 x 4 hour sessions a month 	<p>See above All SoM's rota All SoM's</p>	<p>See above Through out year</p>

<ul style="list-style-type: none"> Supervisory Annual Reviews with midwives to include group reviews 		Through out year
1.4 <ul style="list-style-type: none"> Items listed in 1.2 and 1.3 	All SoM	See above
1.5 <ul style="list-style-type: none"> SoM referral pathway for individual cases along with dissemination of information regarding individual care pathways. Mission Statement to be prepared by working party 	CY/ DT/LF/KR	By Feb 2014

SUPERVISORY SYSTEMS

Standard 2. Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.

Action Points

2.1 Local systems are in place to ensure that the supervisory team should be such as to provide a ratio no greater than 1:15 supervisors to supervisees.

2.2 Employers provide designated time (15 hours per month) for Supervisors of Midwives to undertake their role.

2.3 Local systems are in place to ensure LSA processes are followed in the nomination, selection and appointment of Supervisors of Midwives. Need

2.4 Supervisory strategies are available to midwives and users 2.5 Local systems are made to ensure effective communication with the LSA is maintained

2.6 Each Supervisor of Midwives completes at least 15 hours of approved study in each registration period in accordance Rule 11 (NMC, 2004)

2.7 Local systems are in place to support investigations of sub-standard care and implement programmes to address deficiencies in practice with a direct line of communication to the LSAMO where appropriate

2.8 Local processes are in place to audit standards of supervision.

Action Point	Lead SoM	Time scale
<p>2.1 Action plan to reduce ratio:-Trust budget has agreed to fund full time SOM to achieve ration of 1; 25. Letter to be written to HoM to support an extension for a further year.</p> <p>Campaign to recruit interested midwives to become SoMs via International day of the Midwife and Big Breakfast gatherings.</p> <p>Two Midwives doing the preparation for supervision course at University Herts 2013.14.</p> <p>To be activated an SoMs on completion</p>	<p>CY</p> <p>DT</p> <p>N.W CH (Mentor)</p> <p>FH LF(Mentor)</p>	<p>Jan 2014</p> <p>May 2014</p> <p>By September 2014</p> <p>By September 2014</p>
<p>2.2. This year (2013.14) agreement for 15 hours per month for supervisory activities.</p>	<p>All</p>	<p>On going</p>
<p>2.3 SoM Course advertised, within the unit, applicants supported through application and interview process by</p>	<p>All SoMs</p>	<p>Continuous</p>

<p>SoMs following successful completion of nomination forms. Long term planning for supervision informs the team of the required vacancy rate for SoMs each year, and agreement is sought to facilitate the course. Highlighted at International Day of the Midwife</p>		<p>process audited annually. (April 2014)</p>
<p>2.4 SoM link on Trust Intranet</p> <p>Page 6 of new maternity records dedicated to informing women about the role of the supervisor, with links to national information about supervision.</p> <p>Further update required</p>	<p>DT</p> <p>NL</p> <p>NL/NW</p>	<p>Require update of record keeping audit information and update of SoM list and photographs. Action April 2014</p> <p>Completed.</p> <p>April 2014</p>
<p>2.5 Contact SoM to disseminate information from LSA around the team</p>	<p>DT</p>	<p>On going</p>
<p>2.6 Individual SoMs complete their portfolios</p> <p>Study leave is given for SoMs to attend conferences</p> <p>SOM to complete their own personal PREP/ SoM on the LSA data base</p>	<p>All SoM</p>	<p>By End Feb 2014</p>
<p>2.7 A rota has been drawn up and SoMs allocated to investigations accordingly.</p> <p>'Buddy system' in place so two SoMs support each other</p>	<p>DT</p> <p>All</p>	<p>December 2013</p>
<p>2.8 Ongoing review of the standards for supervision are a monthly agenda item at SoM meeting, using the new template See minutes for evidence.</p> <p>LSA annual review of standards for supervision.</p> <p>Completion of LSA database for evidence to support SoM interface with standards.</p>	<p>All</p>	<p>Ongoing</p>

LEADERSHIP

Standard 3. Supervisors of Midwives provide professional leadership and nurture potential leaders.

Action Points

3.1 Supervisors of Midwives will advise the Trust Management team on issues related to the provision and organisation of local maternity services

3.2 Information is accessible to midwives on the LSA processes for selection and nomination of Supervisors of Midwives

3.3 Supervisors of Midwives will act as role model to inspire and motivate future midwives to the role

3.4 Arrangements are in place for student Supervisors of Midwives to choose a Supervisor of Midwives mentor for professional support during their preparation course

3.5 The experience and needs of student Supervisors of Midwives are sought at local supervisory meetings, and action plans are devised to meet student's identified needs

3.6 Mentor Supervisors of Midwives to engage with programme leaders of the various preparation programmes to be able to exercise their mentoring responsibilities

3.7 A preceptorship programme and information is available to newly appointed Supervisors of Midwives

3.8 Formal meetings are offered to newly appointed Supervisors of Midwives at the beginning, intermediate and final stages of their preceptorship period

3.9 Supervisors of Midwives are represented on curriculum development programmes and contribute to the pre and post registration education of midwives

Action Point	Lead SoM	Timescale
3.1 <ul style="list-style-type: none"> HoN to be invited to each SoM meeting SoM present annual report to Trust Board 	Contact SoM DT/LJ	Ongoing By March 2014
3.2 <ul style="list-style-type: none"> Information about SoM recruitment included on notice Boards and promoted at Big Breakfast and International day of the Midwife Events 	DT	17.12.13 International day of the Midwife 5.5.14
3.3 <ul style="list-style-type: none"> SoMs to promote training programme at SoM reviews SoMs to be present at Maternity Trust meetings in SoM capacity to highlight the role 	All DT to complete rota	Ongoing Feb 2014
3.4 <ul style="list-style-type: none"> Current student SoMs have mentor Team to review situation in September 2013 for new students (ensure sign off mentors are available) 	CH/LF All	Nov 2013 completed By September 2013 Completed
3.5 <ul style="list-style-type: none"> Student SoM has designated agenda slot at each meeting 	All: individual chairs to ensure	All year
3.6 <ul style="list-style-type: none"> Mentor SoMs attended update session at UH. 	DT/CH/LF	Completed October 2013
3.7 <ul style="list-style-type: none"> A Preceptorship support package for new SoMs being evaluated 	KR	By June 2014
3.8 <ul style="list-style-type: none"> See above : to be included in package 	KR	By June 2014
3.9 <ul style="list-style-type: none"> Curriculum Development at UH completed January 2012. SoM present at UH meetings 	NL NL/DT	Completed Jan 2012 Throughout Year

EQUITY OF ACCESS TO STATUTORY SUPERVISION OF MIDWIVES

Standard 4. Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.

Action Points

4.1 There is 24 hours access to a Supervisors of Midwives via an on call system

4.2 Each midwife has a named Supervisor of Midwives, of her choice, with the option to change to another.

4.3 Opportunity will be provided for midwives to meet with their named supervisor at least annually, in which her individual practice and any education and development needs are identified and a written action plan agreed.

4.4 Each Supervisor of Midwives will have a maximum caseload of 15 pro rata and systems are in place to support this process (see Standard 2)

4.5 Each Supervisor of Midwives will be allocated protected time (12 hours per month) to undertake the roles and responsibilities of supervision of Midwives in accordance with those identified within this document

4.6 Student midwives have a named Supervisor of Midwives and are supported by the supervisory framework

4.7 Arrangements will be made for newly appointed midwives to access a named Supervisor of Midwives during their orientation period

4.8 All Midwives will receive information on how to access a Supervisor of Midwives

Action Point	Lead SoM	Time scale
4.1 <ul style="list-style-type: none"> • A 24 hour on call rota is available • Record of on calls maintained on G Drive • Mystery 'shopper' undertaken to find out how quickly a call is put through to the on call SoM • Urgent call is put out by contact SoM if SoM is off sick to ensure cover. 	DS All All DT	On going January 2014 Review June 2014
4.2 <ul style="list-style-type: none"> • Midwives surveyed to ascertain their preferred choice of SoM 	All, completed November 2013	Review June 2014
4.3 <ul style="list-style-type: none"> • SoMs meet their supervisees yearly • Group supervision continues 	All DT /ALL	Review June 2014
4.4 <ul style="list-style-type: none"> • Ratio is currently 23 to1, strategies in place to reduce this further . See Standard 2 E.g SoM course highlighted at Unit Events (day of the midwife, Big breakfast) , in Maternity Unit Newsletters, by individual SoMs to supervisees. Full time SoM post continues. Survey of MW Oct 2013 shows 19 MW interested in becoming SoM's at some point in their careers. 	All	Review June 2014
4.5 West Herts SoMs currently have 15 hours per month for supervisory activities . Log of activity to be maintained by each SoM and entered on LSA database.	All	Review June 2014
4.6 <ul style="list-style-type: none"> • Student midwives have a named SoM. Each year group is allocated a name SoM. • Reflective sessions to be held for students after each SoM meeting • Rota drawn up : SoMs to be allocated to sessions • Reflective pack available in SoM office 	CH NL KR All DT LF	Review June 2014 Completed Nov 2014 Review Nov 14
4.7 <ul style="list-style-type: none"> • Newly appointed Midwives to be allocated a SoM by the full time SoM • To be encouraged to have a meeting with their named SoM on a regular basis during their preceptship period to provide support. 	DT All	On going Review June 2014
4.8 <ul style="list-style-type: none"> • SoM on call rota available in clinical areas 	All Full time SoM	Ongoing

MIDWIFERY PRACTICE

Standard 5. Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery.

Action Points

5.1 Supervisors of Midwives are involved in the formulation, implementation and audit of evidence based guidelines

5.2 Supervisors of Midwives will ensure that local arrangements are in place that all midwives have access to evidence based practice documentation in electronic or hard copy.

5.3 Supervisors of Midwives participate in reflective activities that inform and support midwives in practice through a variety of forums

5.4 Supervisors of Midwives participate in audit of the administration and destruction of controlled drugs in accordance with Rule 7 (NMC 2004)

5.5 Supervisors of Midwives make their concerns known to their employer in the maternity service when inadequate resources and equipment may compromise public safety in accordance Rule 10 (NMC 2004)

5.6 When allegations are made of suspected sub-optimal care an investigation is undertaken by a Supervisor of Midwives and the midwife is offered the support of another Supervisor of Midwives.

5.7 Pro-active approaches are used to support midwives when deficiencies in practice have been identified.

5.8 Supervisors of Midwives will work in collaboration with managers in relation to investigations and agreed action plans and outcomes

5.9 Supervisors of Midwives will work to interface with risk management processes

5.10 The LSAMO is informed of any serious incident relating to maternity care or midwifery practice.

5.11 Processes are in place to ensure self and peer review of record keeping standards is provided in accordance with Rule 9 (NMC 2004)

Action Point	Lead SoM	Timescale
5.1 Please refer to the Maternity Services Risk Management Strategy and Guideline policy. Link SoM's will attend the following meetings and groups	All SoMs	Ongoing

<p>on a rotational basis :</p> <ul style="list-style-type: none"> • Maternity Clinical Effectiveness meeting (MCE) • Maternity Service and Risk Management Group (MSRMG) • Guideline Group 	<p>Rota /DT Rota /DT LF, DT</p>	<p>Rota to be completed by FEB 2104</p>
<p>5.2</p> <ul style="list-style-type: none"> • Trust Guidelines located on Trust Intranet to which all midwives have access. • SoMs to encourage midwives to access these and join the guideline groups. 	<p>All SoMs</p>	<p>Ongoing</p>
<p>5.3</p> <ul style="list-style-type: none"> • Reflective sessions around documentation and supervision organised at half day supervision • SoM to organise ad hoc SoM sessions 	<p>DT/ rota CY/DT ongoing sessions</p>	<p>Rota completed Dec 2012 On going</p>
<p>5.4 SoMs were involved in CD audit OCT 2013</p>	<p>DT</p>	<p>To be complete Dec 2103 then Bi-annually</p>
<p>5.5</p> <ul style="list-style-type: none"> • SoMs present Annual Report to Trust Board in July • DoN or deputy invited to SoM meetings 	<p>TBC Don has dates</p>	<p>July 2014 On going To be Completed Dec 2013</p>
<p>5.6</p> <ul style="list-style-type: none"> • Rota for SoM Investigations drawn up • SoMs will 'buddy up' with full time SoM to support each other and midwives as required. 	<p>DT/ rota</p>	<p>Rota to be completed Dec 2013</p>
<p>5.7 SOM attends risk review meetings and follow up issues and incidents identified.</p>	<p>DS</p>	<p>Weekly</p>
<p>5.8</p> <ul style="list-style-type: none"> • Investigating SoMs to continue to liaise with managers to ensure timely completion of investigations. • Full time SoM informs team of managerial investigation and vice versa . 	<p>Investigation SoMs DT All</p>	<p>Ongoing June 2014</p>

<ul style="list-style-type: none"> Managers invited to SoM meeting to update on specific issues as required. 		
<p>5.9 Please refer to the Maternity Services Risk Management Strategy. Link SoMs will attend and contribute to the following meetings and groups:</p> <ul style="list-style-type: none"> Incident Review Groups (IRGs) and Clinical Incident Review groups (CIRGs), Maternity Clinical Effectiveness meeting (MCE) Maternity Service and Risk Management Group (MSRMG) CTG meeting Clinical governance ½ days Maternity Services Liaison Committee (MSLC) Perinatal meeting Panel reviews for serious and significant incidents (SI's) 	<p>SoM on call</p> <p>Rota</p> <p>Rota Rota All 2 a year</p> <p>LF & DT As required</p> <p>As required</p>	<p>On going</p>
<p>5.10</p> <ul style="list-style-type: none"> Contact SoM to link with LSAMO as required Investigating SoM as required 	<p>DT Contact SoM Investigating SoMs.</p>	<p>Ongoing for review April 2014</p>
<p>5.11</p> <ul style="list-style-type: none"> Record Keeping Champions to be identified, badges awarded Record keeping audit at supervision study days Record keeping audit report 6 monthly. New record keeping tool to be designed as one of the recommendations from the audit. 	<p>Team</p> <p>Team rota DT DT PR CY</p>	<p>On going Monthly awards On going Dec 2014</p> <p>O</p>

References

Department of Health (2004) National Service Framework for Children, Young People and the Maternity Services London, HMSO

Nursing and Midwifery Council (2012) *Midwives rules and standards*. London. NMC.

Local Supervising Authority for England (2005) *Statutory Supervision of Midwives LSA Standards for England*. London.

LSAMO National Forum (UK) (2009) *Modern Supervision in Action*