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Introduction

The purpose of this report is to provide evidence to the Local Supervising Authority (LSA) Midwifery Officer and visiting Audit Team of supervisory initiatives and activities in Hereford Hospitals NHS Trust, during 2007.

The Supervisors of Midwives have had a challenging year with the promotion of our Head of Midwifery, Sue Hardy, to Director of Nursing and Quality (although she continues in her role of Supervisor of Midwives) and the resignation of 2 Supervisors of Midwives (one has retired and one has left the Trust), as well as 3 investigations. However, we have strived to promote the role of the Supervisor and this report gives us the opportunity to reflect on our achievements and review the challenges ahead in order to maintain and improve the care given to women in Herefordshire.

Hereford Hospital Maternity Unit

The Maternity Unit was relocated to the new hospital in February 2002. It consists of a 5 bedded Delivery Suite, a 21 bedded ante/post natal ward, the ante natal clinic and a Day Assessment Unit. The Delivery Suite also has an operating theatre and there is direct access to the Neonatal Unit. The community is divided into 4 areas with a team leader for each area.

Last year the Trust was considering altering the layout of the Maternity Unit which would involve a reduction of 4 beds. This project has now been abandoned but the unit regularly ‘loses’ beds to the Women’s Health ward to accommodate demand. With this in mind the Day Assessment Unit is now running daily and, when able, at weekends. Two midwives are trained to perform ultra sound scans and another two have been accepted on the training course.

Births at Hereford have seen a steady increase over the past 5 years and this has necessitated changing the way the unit is run. These changes have included the appointment of more maternity support workers, the introduction of community midwives clinics in children’s centres and the rotation of midwives into the community/hospital settings.

<table>
<thead>
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<th>YEAR</th>
<th>TOTAL BIRTHS</th>
<th>% INCREASE OVER PREVIOUS YEAR</th>
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<tr>
<td>2002/2003</td>
<td>1640</td>
<td></td>
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<tr>
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<td>2004/2005</td>
<td>1734</td>
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<tr>
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</tr>
<tr>
<td>2006/2007</td>
<td>1846</td>
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Recruitment and Retention

Staffing issues are constantly being explored by the Supervisors. During the past year a number of senior, experienced midwives have retired and whilst Hereford does not experience difficulties in recruiting newly qualified midwives, we are aware that skill mix is an area of concern.

Name and number of Supervisors of Midwives

1. Caroline Montgomery – Contact Supervisor of Midwives and Senior Midwife
2. Sue Hardy – Head of Midwifery, Women’s Health & Children’s Services (January – August) (Acting) Director of Nursing and Quality (August-
3. Milo Gawler – Lead Midwife Community Services
4. Elizabeth Wilson – Lead Midwife Hospital Services
5. Sheila Baker (resigned September 07) – Senior Midwife
6. Bethan Hill – Senior Midwife (appt April 07)
7. Amanda Palmer – Senior Midwife (appt April 07; resigned Nov 07)

Ratio 1 supervisor to 17 Midwives

Trainee Supervisors of Midwives
1. Janet Pakes – Acting Head of Midwifery
2. Anna Muizelaar – Community Midwife (postponed until Sept 08)

Progress Report on 2006 Supervisors Action Plan

Following the LSA visit in 2006 an Action Plan was produced (Appendix 1). In brief:-
- Meetings were arranged with the Chief Pharmacist but he believes there is no need for standing orders when there is a working Trust Policy and Patient Group Directions.
- Community midwives have started seeing women in 3 Children’s Centres. This is proving to be popular with the women and is enabling the community midwives to utilize their time more effectively.
- The Supervisors have been working closely with the Clinical Risk Co-ordinator and a more robust mechanism in dealing with clinical incidents/supervisory investigations has been established
- The Maternity Support Workers continue to work well, rotating through all areas of the service, providing valuable support to the midwives
- The role of the Supervisor is addressed in the Bounty books and Maternity Information leaflets
- The drug assessment questionnaire was introduced but has not been completed by all the midwives. This has now been overtaken by the introduction of an in-depth Trust questionnaire.
- Two new Supervisor of Midwives were appointed in 2006 and two commenced training. Unfortunately, two supervisors have resigned and one of the trainees has deferred her studies until September 08, so the Supervisors are aware of the urgency to recruit more trainees.
Other Supervisory initiatives include:-

- The introduction of the birthing pool – following an extensive risk assessment the pool is now in use and being utilized on a regular basis. The supervisors have been involved in ensuring the midwives are aware of the ‘water birth’ policy and giving training when required.
- The community midwives are visiting women in their homes antenatally between 34-36 weeks gestation to complete their birth plans. This is seen as best practice and is supported by the Supervisors.
- A Supervisor regularly visits women to ‘debrief’ them. This visit is either initiated by a community midwife referral or following correspondence from the women.
- Following a serious adverse event the Supervisors, together with the Consultant Obstetricians, have been integral in setting up daily CTG teaching sessions.

Interface between Supervision of Midwives and the Trust governance and risk mechanisms

Hereford Hospitals NHS Trust Maternity Unit successfully achieved Level 2 Clinical Negligence Scheme for Trust’s (CNST) accreditation in September 2007. The Supervisors played an integral part in this achievement and work closely with the Maternity Clinical Risk Co-ordinator to ensure both are kept fully informed.

Since August, with the appointment of Sue Hardy as Director of Nursing and Quality, a Supervisor of Midwives is now represented on the Trust Board. The Acting Head of Midwifery attends Trust Governance and Risk Meetings thereby acting as an advocate for supervisory matters.

- The Supervisors continue to attend the departmental Risk Management Meetings
- The Maternity Clinical Risk Co-ordinator is invited to attend the end of the Supervisory Meetings to report any relevant issues but also for the Supervisors to report any conclusions to investigations in order to ‘close the loop’
- Supervisor attends the Labour Ward Forum meeting

Proactive Supervisory projects/initiatives that have impacted on midwifery practice

Other initiatives being undertaken by Supervisor of Midwives include:-

- Back chat – following the initiation of the ‘postcard’ last year this continues to be a helpful tool for midwives to reflect on their practice. However, despite encouragement from the staff uptake could be better
- Information on the role of the Supervisor of Midwives is now available in the Bounty book and also in the hospital leaflets
- Support workers in the community are now releasing midwifery time
- Supervisor of Midwives raised the issue of rising births with the Acting Head of Midwifery and an action plan was implemented
- Hereford is experiencing an increase in women from eastern Europe, especially Poland. The Supervisors have been supportive in helping a Polish speaking midwife set up antenatal classes and produce leaflets
- Introduction of ‘fresh eye’ and daily CTG teaching sessions
Numbers and details of Supervisory actions required for individual midwives

The Supervisors of Midwives have been particularly pro-active in their role in offering support and advice to midwives.

There have been 5 individual circumstances where Supervisors of Midwives have been involved in investigations:

- An on-going investigation from last year was completed. The supervisory investigation following a serious adverse event was delayed due to an external investigation. However, this has now been completed with the recommendation that the midwife complete a period of supervised practice. (The midwife in question retired following the incident.)

- A supervisory investigation was undertaken following a serious adverse event. The two midwives involved were well supported by their supervisors whilst the investigation was carried out. The recommendation from the investigation was to implement a period of supervised practice for both midwives. One has completed hers and the other was commenced in January (delayed due to sickness).

- A supervisory investigation was undertaken following a serious adverse event. The two midwives involved were well supported by their supervisors whilst the investigation was carried out. The recommendation from the investigation was to implement a period of supported practice for both midwives. One midwife has started her supported practice but is now on sick leave, the other midwife has resigned from the Trust.

- Following a serious drug error both managerial and supervisory investigations were carried out. The midwife was dismissed as a result of the management investigation. The supervisory investigation has been extended to include an independent review by external supervisors.

- Following a neonatal death involving a patient being cared for by an independent midwife, a supervisory investigation is being undertaken.

Details of user involvement in the planning and delivery of maternity care

The Supervisors of Midwives continue to be involved in developing the maternity care offered in Hereford in a number of ways:

- Maternity Birth Survey
- ‘Back chat’
- Supervisor attends the Maternity Services Liaison Committee meetings
- Supervisor to attend the Maternity Matters Steering Group
- Supervisor involved in producing policy for normal labour and birth following the publication of NICE guidelines on intrapartum care
- Supporting the midwife involved in the care of Polish women

Supervisor involvement with educational activities and supporting the clinical area as an appropriate environment for learning

All student midwives are allocated a Supervisor of Midwives at the beginning of their training.
The Link tutor comes to the unit every month and a supervisor is always available to discuss any issues. However, whilst there is an ‘on-call’ rota it is recognised by the Supervisors that a more robust plan needs to be introduced to offer support to the students.

The supervisors do encourage all midwives and students to attend the daily CTG sessions on the delivery suite.

In the past midwives from Powys have been funded to work in Hereford to familiarize themselves with unit and to up-date their skills. The supervisors will encourage a return to this arrangement.

An outline of the Supervisory strategic direction for the services

The Supervisors of Midwives will continue to strive to improve the maternity services in Hereford. There are a number of initiatives we wish to take forward in the coming year. These include:-

- Becoming more involved with the education of the students
- Becoming actively involved in the Maternity Matters Steering Group
- To commence ‘bite-size’ talks on Supervisory issues as a learning tool, thereby highlighting supervision in action
- Encouraging midwives to apply to become Supervisors

National Standards for the audit of Supervision

The National Standards for the audit of supervision have been completed and have been submitted with this report.

Individual Supervisor of Midwives Audit Sheets

The Supervisor of Midwives Audit sheets have been completed and have been submitted with this report.

Conclusion

Hereford Supervisors of Midwives are committed to increasing the profile of supervision. The Healthcare Commission Review of Maternity Services 2007 scored Hereford as Better Performing and it is our belief that we can achieve Best Performing by improving midwifery care through proactive supervision. Midwives will be encouraged and supported to give the highest standard of midwifery care.

Supervisors of Midwives
Hereford Hospitals NHS Trust
February 2008