Full-time supervisor of midwives: Is this the future for supervision?

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Background

• July 2011 – CQC investigation into maternity services at BHRUT

• 79 recommendations made for trust as a whole

• 15 recommendations for maternity services
“The number of Supervisors at the Trust needs to be increased as a matter of priority to improve the quality of supervision and to reduce the burden on those currently in post” (CQC, 2011)
Rationale

Nine further SoMs required to achieve the NMC standard

November 2011 – 17 SoMs providing supervision for 388 midwives including agency

- Ratio 1:26
- NMC recommended ratio 1:15
- CQC and LSA recommendations
Objectives

The role is separate, but complimentary and supportive to the contact SoM

- Raise the profile of supervision trust wide & with the public
- Recruit more midwives to undertake the course therefore enabling the team to meet the NMC recommended ratio 1:15
- Create a strong interface between supervision & clinical governance
- Ensure recommendations from untoward incidents are implemented
Objectives

- Ensure all Supervisory investigations follow the correct procedure.
- Support Supervisors when undertaking investigations.
- To assist the SoM team in supporting strategies for supervision with student midwives and midwives (Group supervision).
- Continuous audit of the function of Supervision at BHRUT against LSA standards and the CQC maternity services action plan.
Impact & Evaluation from Midwives

Midwives views on SoM
Evaluation from SoM team & managers

Benefits of Full Time SoM

- FT SoM provided additional support for supervisory investigations
- FT SoM provided additional support for women requiring birth plans with SoM input
- Did your team benefit from FT SoM
Evaluation from SoM team and managers

Roles of Full time SoM

- Providing additional support to midwives for example statement writing
- FT SoM provided Group supervision session
- Takes the lead on SoM Projects
- Lead on Clinical Governance on behalf of SoM team
Structure & content of group supervision

- 7 sessions of Group Supervision with the assistance of the Contact SoM (Link person with LSA) over the period of December 2011 to March 2012.

- The programme for the 90 minute session was to cover an introduction to supervision, the role of a named supervisor, case discussions and completion of an action plan.

- Action plan completed in latter part of the session and to arrange to meet their named SoM within 2 weeks to discuss this and to raise any other learning needs.

- This also ensured that the supervisor uploaded the annual review on to the LSA database.
Midwives who attended GS

- A total of 80 midwives attended the sessions as a few more midwives were identified as being overdue with their annual reviews.

- Group sizes ranged from 6 to 15 midwives in attendance with the average of 11, midwives ranging from newly qualified to up to 20 years experience, working in all areas in the maternity unit.

- All midwives who attended group supervision were asked for feedback in May 2012 by completing an evaluation form. Reminders were sent via email to encourage midwives to complete the evaluation.
19 midwives completed an evaluation form (24% response rate) see chart 1. No respondents scored poor and 95% responded either good or excellent.
Evaluation of Group supervision

- Benefits of Group Supervision were meeting other midwives and sharing concerns and practice issues, networking and getting to know one another therefore able to offer support one another.

- Recommendations to improvement of Group Supervision sessions were having smaller groups so all attendees could contribute

- All supervisors in the unit to run Group Supervision for their allocated supervisees,

- Should be extra time with named SoM to reflect on issues discussed in the group.
Evaluation cont. for GS

- It became clear, from the feedback that midwives and SoMs did not want Group Supervision to replace the annual review.

- Midwives recognised that the annual review meeting allows privacy and personal for personal development, training and the formulation of an action plan.
Conclusion for GS

• Midwives valued GS sessions and there was consistency of this view amongst midwives working in different settings and with different levels of experience.

• GS can be used in any number of ways and settings, e.g. newly qualified midwives during their preceptorship, community midwifery teams and research midwives.

• GS sessions continue to be facilitated at the Trust by the full time supervisor following this evaluation.

• Prior to the LSA audit in 2013 the annual review report was generated which showed that 100% of all annual reviews were completed compared to 81% in 2011.
Conclusion for FT SoM Role

- The role has been evaluated positively
- Other trusts now employing full time supervisors
- Current ratio 1:14
- Role now incorporates role of CSOM
- The role was extended for a further year in 2013
- Investigations completed on time
- Journal article published-
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Abstract

This article provides an insight into the role of a full-time supervisor of midwives (SoM) at Stirling, Kaverick and Redbridge University Hospitals NHS Trust (BHRUT). The role was the first of its kind in London and was introduced in response to concerns raised by a Care Quality Commission review (CQC) of maternity services in October 2011. The report made 79 recommendations to the Trust, 15 of which related to maternity services. It was evident many SoMs were overwhelmed with day-to-day difficulties, working in their own time to ensure the statutory function of supervision was being provided to all midwives. Day-to-day supervision needed to be improved for junior inexperienced midwives needing support, and the ratio of SoMs to midwives needed to reflect those recommended in Nursing Midwifery Council (NMC) 2012a guidance. An explanation of how the role evolved is given, highlighting the challenges and benefits encountered. The article concludes by evaluating the role to date.

Supervising is a statutory responsibility which provides a mechanism for support and guidance for every practicing midwife in the UK. It is primarily the protection of women and babies by actively promoting a safe standard of midwifery practice (Local Supervising Authority Midwifery Office National Forum (LSAOMF) and Nursing and Midwifery Council (NMC), 2009). There are currently 53 supervising midwives (SoM/M) in London providing supervision on an average ratio of 1:4.5 between London. Meanwhile, the last year with two London Trusts employing full-time SoM/M equating to an additional 16.5 supervisions, this brings the average London wide ratio to 1:5.9.

In October 2011, the Care Quality Commission (CQC) report into maternity services at BHRUT provided a framework for maternity services (CQC, 2012). The issues highlighted included the following:

- Providing a suitable number of midwives to provide care in labour
- Ensuring learning from incidents was undertaken
- Reducing the risk of unrecorded care to women
- Improving the maternity care service
- Improving the quality of record keeping
- Increasing the level of training on cardiograph (CG) interpretation

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Thank You!

Making the most of supervision

- Be aware of local supervisory issues
- Obtain advice on ethical issues
- Obtain advice on meeting the PREP study requirements and guidance with portfolio development
- Submit your intention to practise
- Obtain advice in meeting the PREP study requirements and guidance with portfolio development
- Obtain information from statutory bodies and local policies to inform your practice
- Discuss record keeping
- Meet at least annually for a supervisory review
- Obtain help with personal reflection on practice and critical incidents
- Access supervisors as advocates
- Support from supervisors as change agents
- Establish mutual respect
- Review your practice development needs

Ask yourself these questions:

- How can I contact my named supervisor?
- How often do I seek out my named supervisor?
- Do I make the most of supervision?
- Would I consider becoming a supervisor of midwives?