Strategy for Statutory Supervision of Midwifery 2016-2017

The supervisors of midwives at Surrey and Sussex Healthcare NHS Trust intend to ensure safety of women and their babies by ensuring high standards of midwifery care. To do this we will work in compliance with the current Domains of Supervision as identified below:

Domain 1

The Interface of Statutory Supervision of Midwives and Clinical Governance.

We will ensure that there is a SOM representative at all of the following fora;

- Divisional Quality and Risk Group
- Labour Ward Forum
- Perinatal Mortality Group
- Policy and Guideline Group
- Patient Information Group

There will be a two way cascade of information from the SOM team to each of the groups above and back by the designated SOM.

The annual LSA report and action plan will be presented at Board level by a SOM.

Domain 2

Profile and effectiveness of Statutory Supervision of Midwifery.

- We will regularly update the allocation of Midwives to Supervisors to ensure equity. Furthermore we will continue in spite of recent events, to recruit to the SOM team.
- We will continue to strive for 100% achievement with Annual Reviews.
- We will record our PREP activity on the LSA database
- We will accurately record our activities on the relevant section of the LSA database
- We will contribute to the SOM on call rota ensuring support for women and midwives 24/7
- We will work to ensure all recommendations of the LSA Action Plan are achieved.
The SoMs should demonstrate their contribution to the audit of records including their safe storage including whilst they are in use. We will continue working on the initiatives identified for the current year. We will ensure a Ratio of 1:15 for each SOM by allocating the Lead SOM a larger caseload.

Process for ensuring compliance with the submission of an Intention to Practise form (ITP).

At each annual review the named Supervisor reiterates the midwife’s accountability in relation to the statutory requirement for submission of an ITP each year. A Supervisor of Midwives is also involved in the preceptorship programme for all newly qualified/appointed midwives and during this discussion will ensure that reference is made to the above.

ITP notifications are circulated by the NMC with explanatory notes in the month of January. At this time the Lead Supervisor of Midwives will publicise the ‘Love Your Supervisor’ poster as a reminder to all midwives of the final local submission date for ITPs.

Where an ITP has not been submitted two weeks ahead of the agreed local deadline, the named supervisor will contact individual supervisees reminding them of both the deadline for submission and their accountability in regard to submission of an ITP in line with the NMC Rules and Standards (2015). A copy of this communication will be logged in the midwife’s supervisory file.

On receipt of the ITP, the named Supervisor will sign and upload it to the LSA database, she will then provide a copy of the ITP to the administrator who supports the Team of Supervisors. As a failsafe mechanism the administrator keeps an overarching log of all midwives and double checks submission of the paper copy against the whole cohort of midwives. Any non-compliance is discussed at the Supervisors’ Meeting in the months of January and February of each year.

Non Compliance

Upon reaching the internal deadline for submission of ITPs, it is the responsibility of the named supervisor to identify any of her supervisees who did not submit an ITP where one was required. This is done by reviewing the LSA database. At this point the Midwife is contacted by the Named SOM and will be reminded that failure to submit an ITP and maintain their midwifery registration will disqualify him/her from practicing and will render the individual in breach of their contract of employment. Such situations will be referred to the Head of Midwifery to be managed in line with the Trust Policy on Management of Clinical Registration.
Revalidation

This new NMC process will be embedded by the Lead SOM during the first year and then cascaded to the SOM team or the team to succeed Statutory Supervision of Midwifery.

Domain 3  Team working, Leadership and Development

- We will ensure individual attendance of a minimum of 75% at our monthly SOM meetings.
- We will continue to share investigations equitably across the team.
- We will continue succession planning for the SOM team.
- We will work with our colleagues to ensure that safety is put first and to focus on not only the care we give but how we care for our women and their families.
- We will make quarterly reports to the Director of Nursing to inform her about our activity.
- We will ensure that lessons learnt from National reviews and reports are implemented in our local practice.
- We will make representation to the University of Surrey at the Programme Management Team meetings to support curriculum development and share developments at the trust. Any student evaluations will be shared with us and action taken to improve the student experience.
- We will conduct regular controlled drug and record audits.
- We will continue to discuss and act on Midwives of Concern ensuring they receive appropriate training and support to fulfil their role.

Domain 4  Supervision of Midwives and Interface with Users

- We will ensure that there is a SOM representative at the Maternity Services Liaison Committee (MSLC).
- We will walk the patch to elicit the views of in-patient women about their experiences of supervision.
- We will ensure women receive the leaflet entitled, ‘How can a supervisor of Midwives can help you?’
- We will ensure user input to our Policies and Guidelines via the MSLC.
- We will work with clients to ensure individualised care plans in response to requests from women.

At the end of each Supervisory meeting the team agree the items which are to be reported to the Divisional Quality and Risk Meeting (DQRM). An exception report is prepared for discussion at the DQRM.