

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 1 April 2017

STATUS: COMPLIANCE

CATEGORY: WORKFORCE

Title: The implementation of an employer led model of Clinical Supervision for Midwives in Wales

Date of Review – 1 April 2019

For Action by:

Chief Executives Health Boards
Directors of Nursing Health Boards
Directors of Workforce & OD Health Boards
Heads of Midwifery Health Boards

Action required by: 1 April 2017

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Enclosure(s): Clinical Supervision for Midwives in Wales 2017



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Employer-led supervision of midwives - Wales

Purpose

To inform of requirement to implement the new model for Clinical Supervision for Midwives in Wales

Background

As a consequence of investigations into maternity services at Morecambe Bay NHS Foundation Trust, where the Parliamentary and Health Ombudsman (PHSO 2013) it was recommended that midwifery supervision and regulation be separated and that the Nursing and Midwifery Council (NMC) should be in direct control of regulatory activity.

Ending statutory supervision has required legislative changes which were led by UK Government through amendments to the Section 60 Order. This has now been passed and due to take effect on 1 April 2017

In developing a new model for clinical supervision, the UK Nursing Officers along with NMC, RCM, Lead Midwives for Education (LME) representatives, Midwifery Advisors to Government and the Department of Health have agreed principles of supervision for midwives which underpin a single model to be used by the four UK countries

The Model

The model for Wales, taking into account the UK principles and the best elements of the previous Welsh Future Proofing Model (2014) will:-

- Be employer led
- Maintain a dedicated role for clinical supervisors for midwives (full time with up to 20% clinical responsibility)
- Maintain group supervision
- Embed Key Performance Indicators (KPIs) which hold Health Boards to account by Welsh Government for delivering clinical supervision for midwives. An annual report will be prepared by clinical supervisors for midwives for heads of midwifery in line with maternity performance board requirements from Welsh Government
- Have a role profile for clinical supervisors for midwives
- Identify principles of educational requirements for the preparation of clinical supervisors for midwives

- Have clear governance structures for responsibility and accountability
- Have a plan for monitoring and evaluation of the role

Implementation

All Health Boards in Wales will recruit to the new Clinical Supervisor for Midwives model by 31 July 2017. Allocation of clinical supervisors for midwives will be one clinical supervisor per 125 midwives. This calculation is based on the current model for future proofing supervision in Wales (2014). Clinical supervisors for midwives will be required to demonstrate clinical credibility with up to 20% of their time being in clinical practice to support midwives.

To become a clinical supervisor the midwife will be required to demonstrate that a programme of formal academic learning has been successfully completed. An MSc module of a minimum of 20 credits in clinical leadership will be required and will be funded by Welsh Government.

Clinical supervisors for midwives must have dedicated time each year to develop a work plan, participate in group supervision and peer review. Quarterly CPD for clinical supervisors for midwives in Wales to meet and share learning, themes and trends will be facilitated by senior professional leaders from Maternity Services in Health Boards across Wales.

Types of Engagement

The three defined levels of engagement with clinical supervision for midwives will be:

1. Mandated / Formalised

Four hours per year – two of which must be group supervision

2. Recommended

At critical moments in a midwife's career, for example:

- A change in role
- Following a period of long term sickness absence
- Returning from maternity leave
- Returning from a career break
- For career advice or guidance

3. On request / informal

A midwife may choose to attend for supervision, e.g. a midwife attends a group meeting / forum led by a clinical supervisor for midwives. Reflection may not need to be formalised and could take place amongst peers in an informal way. However, it will be important to ensure that midwives can access both the opportunity for one to one reflection and group supervision. One to one support from a clinical supervisor at the request of a midwife may be beneficial at particular times of stress, challenge or change for advice and guidance. There may also be occasions when it is required, for example if a

midwife needs guidance on the completion of individualised organisational identified programmes of learning such as capability.

Monitoring and Evaluation of Model

An implementation and monitoring group has been set up by Welsh Government and will include a commissioned evaluation in 2017/18.