

Professional Midwifery Advocates

Midwives Matter

Developing a positive staff culture using Restorative Clinical Supervision



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1. The Safety Concern

The patient experience is only as good as the staff experience which directly impacts on safety (DH 2015). Delivery Suite is a high stress environment and staff are frequently exposed to serious incidents and emotional trauma.

2. Aim

To engage 20% of delivery suite midwives in Restorative Clinical Supervision (RCS) from 01/06/18 to 14/09/18 to support staff working in a stressful environment.

3. The QI Team



4. Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Ideas
To engage 20% of the delivery suite midwives in Restorative Clinical Supervision (RCS) during the period 01/06/18 to 14/09/18	Support the Cultural shift to an organisation which values a supported and engaged workforce	Senior Midwives to recognise relationship between Staff engagement and a Quality Service All grades of midwives support the RCS model	Discuss Model with Band 7 and 8 Midwives Join Better Births Work-streams Present at Senior Midwives Meeting Engage with Managerial Leads to encourage their teams to attend Increase presence by attending morning CDS Huddle Specialist Leads in Quality liaison Current Conversations forums Walk-about in all clinical areas Talk to midwives about the model Kitchen Table Attendance Midwives experience RCS
	To offer good quality RCS sessions which midwives feel is beneficial to them	Midwives know to attend RCS session Midwives are able to attend RCS Midwives want to attend RCS Midwives prepare for RCS sessions Support the development of outstanding PMA skills	RCS leaflet and Posters distributed via email and in clinical areas. Email out invitation to all midwives involved in SI eLearning module added to training matrix Intranet page set up Meet with new starters PMA logo and ID to identify PMAs Host RCS in all clinical areas Online book via IT Generic email set up Generic mobile for texting HoM supports protected time for PMA sessions Short shift week Monitor if midwives feel RCS is beneficial to them PMAs uphold standards of confidentiality Set confidentiality rules in the group sessions Use the feedback form to adjust how and what we offer based on PDSA cycle Embed self-reflected learning in all PMA sessions Produce RCS Leaflet Support midwives with self-reflection Set ground rules Liaise with Health Visiting Lead for RCS to share learning Use of verbal prompts to develop reflective questioning Network with adjoining Trusts and Universities PMA National Networking Silver QI and Leads Support PMAs develop and share skills through buddying and Bi-monthly meeting

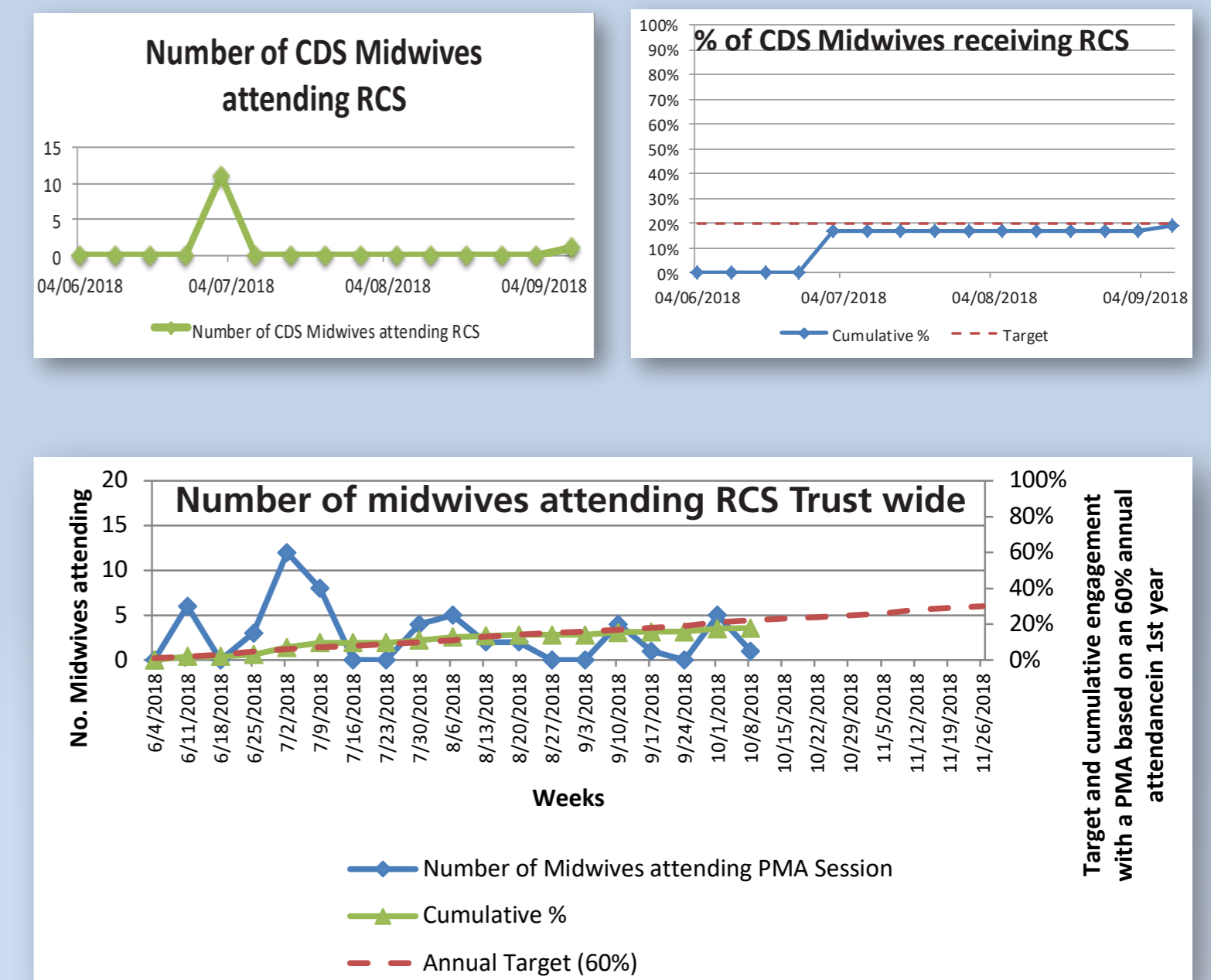
5. Measurement Plan

Measure name	Percentage of Delivery Suite Midwives who have attended a Restorative Clinical Supervision session during the period 01/06/18 until 14/09/18
Type	√ Outcome √ Process √ Balancing
Why is this measure needed?	To quantify that the aim has been achieved
Operational definition*	The midwife attends a RCS session for a minimum of 50% of the allocated time and feels that she has had an opportunity to adequately participate.
Exclusions	Midwives on Maternity or sick leave and student midwives
Useful stratifiers	Breaking down midwives by current rotation or core location and AFC banding from 5-8.
Data collection and sampling method	PMA who leads the RCS is to record attendance on database on St Paul's drive.
Data source	In the initial stages, a paper diary will be set up with plans for electronic monitoring via the Education or IT Departments
Display: how?	A run chart to monitor the attendance week by week from 0 to 20% A run chart to monitor % of midwives who are unable to attend a booked session A run chart to monitor % of midwives who are unable to attend the whole session
Baseline data available?	As a new service, the current attendance is zero.
Goal or target	20% attendance of the number of midwives on delivery suite
Time to review?	Review on the 1 st July 2018 monthly until the end of the aim period.

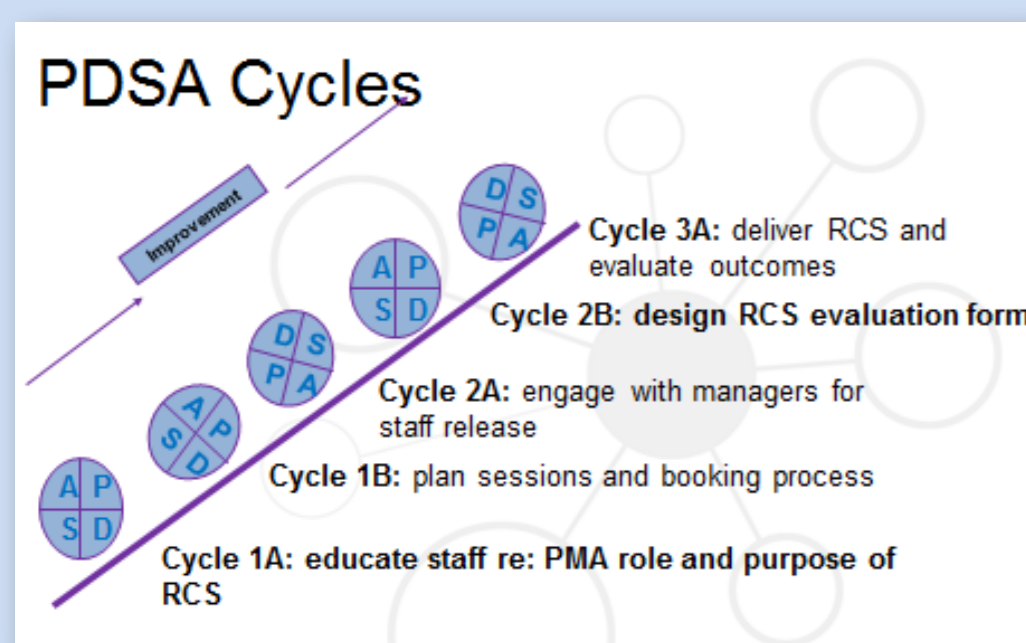
* Describe the specific components of this measure, plus numerator/denominator if a % or rate. If an average, define the calculation. If a score (e.g. patient satisfaction), define the scoring system. If conceptual (e.g. 'accurate', 'complete', 'timely'), define the criteria to be satisfied to determine how criteria are met.

Adapted from form produced by NHS Scotland

Run charts illustrating Delivery Suite RCS uptake



6. PDSA Cycle



7. Key Results

- Successfully achieved 20% target of engagement with RCS
- Main contacts through group attendance
- Good uptake A equip of e learning module which supports revalidation
- Positive staff evaluation of RCS following serious incidents
- On target to engage with 60% of workforce in first year across county

Next Steps...

- Continue to offer support to all midwives either 1:1 or groups Trust wide and raise awareness of A equip and PMA role.
- Project to promote staff engagement on CDS: Short shifts week January 2019
- Develop group forums to discuss themes arising—Feed Forward Focus Groups
- Evaluate the outcome of PMA service on staff culture, sickness, recruitment and retention long term
- Present the A equip model and RCS to our nursing colleagues within the Trust to share examples of quality improvement

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