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Clinical Supervision for Midwives in Wales

April 2017



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Clinical Supervision for Midwives – A Model for Wales

1 Background & context

As a consequence of investigations into maternity services at Morecambe Bay NHS Foundation Trust, the Parliamentary and Health Ombudsman (PHSO 2014) recommended that midwifery supervision and regulation be separated and that the Nursing and Midwifery Council (NMC) should be in direct control of regulatory activity. Findings from the PHSO report found that the current system of statutory supervision of midwives operates in such a way that risks failure to learn from mistakes which cannot be in the interests of the safety of mothers and babies.

Welsh Government expects the NHS in Wales to take action to deliver maternity services which place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience where women are treated with dignity and respect. In order to realise this vision, maternity services are expected to employ a highly trained workforce able to deliver high quality, safe and effective services which are constantly reviewed and improved (2011).

Following publication of the PHSO (2014) recommendations, the NMC commissioned the King's Fund to review statutory supervision in the UK which supported the recommendation that statutory supervision should end. Although the Parliamentary and Health Service Ombudsman reflected on just one NHS Foundation Trust, findings informed the Local Supervising Authority in Wales to review and radically reform the way in which supervision worked, in particular to ensure that the supervisory and regulatory roles were made distinct and separate.

A new 'Future Proofing' model for statutory supervision of midwives in Wales was developed by the Local Supervising Authority (LSA), Directors of Nursing, Heads of Midwifery, Nursing and Midwifery Council (NMC), Welsh Government, the Royal College of Midwives and involved clinicians and service user representatives (Ness & Richards, 2014). The vision within the new model was to provide a more efficient and proactive management of investigations by external supervisors to reduce bias and ensure timely remedial support for midwives.

The overarching purpose of change was to improve the quality of statutory supervision in Wales through the appointment of full time supervisors of midwives on a rotational 18

month cycle with support from two full time local supervising authority midwifery officers. Being dedicated to supervision meant that supervisors of midwives were able to increase their visibility and accessibility to midwives and service users. The future proofing model was implemented in the summer of 2014.

Ending statutory supervision has required legislative changes. The governing legislation (the Nursing and Midwifery Order 2001) has been subject to a Section 60 order and the function of Local Supervising Authorities (LSA) and statutory supervision of midwifery have been removed, this took effect on April 1st 2017.

Whilst accepting the need to separate supervision and regulation, the UK Chief Nursing Officers were committed to support the development of a new model of clinical supervision for midwives and agreed a set of principles on which to develop an employer led, professional model of clinical supervision for all midwives including those in roles such as education or policy. A taskforce was convened in each UK country to prepare for a new model and explore opportunities for change, embedding the agreed UK principles to support the availability of good professional support and development for all midwives.

2. Principles for a new model – the UK perspective

In developing a new model for clinical supervision, UK Chief Nursing Officers along with LSAMOs, representatives from the NMC, the RCM, Lead Midwives for Education (LME) representatives, Midwifery Advisors to Government and the Department of Health agreed on principles of supervision for midwives for the four UK countries.

The outline principles for the UK are as follows:

- It maintains and improves quality and thereby protects the public
- It applies to all registered midwives regardless of their scope of practice or mode of employment
- A system of midwifery supervision is a vital aspect of contemporary midwifery practice and needs supervisors of sufficient expertise and experience to support registered midwives
- Midwifery supervision should be at least an annual event

- Midwifery supervision is a proactive, developmental and supportive partnership between a midwife and the supervisor and links to effective clinical governance
- Supervisors are in professional leadership roles and may or may not be in managerial roles or the supervisee's line manager
- Supervisors need to be registered midwives themselves
- Supervisors are adequately prepared and experienced enough to be both critical and supportive
- Supervisors are selected by heads of midwifery and peer feedback should be used to inform the selection process
- Supervisors can be selected for a fixed time period and consideration will be given to a system of refreshing their skills and rotating them in and out of supervisory roles periodically
- Alignment with the NMC Code (2015) is essential
- Alignment with the NMC revalidation process is essential and will be the same process for all its registrants
- The NMC should hold only information about practising midwives which contributes to protection of the public
- It is for employers to ensure that all their registered midwives are subject to supervision
- It is for all registered midwives to seek supervision even if they are self-employed or do not work regularly for one employer consistently
- Any new system must not be more costly than the present system and should demonstrate efficient use of existing resources
- For the majority of midwives who are employed, there should be clarity about the legitimacy and distinctiveness of supervision as a facet of professional good practice and appraisal as a responsibility of the employer

3 Setting the direction for Wales – making sure women's voices are heard

Taking the principles outlined by the Chief Nursing Officers and other senior UK stakeholders into account the taskforce in Wales considered the development of a new model for Wales and concluded it is vital that women's (service-users') voices are also heard. Women must be offered every opportunity to be listened to so that they are able to

make informed choices about all aspects of their care including planning the birth that they want in the environment they want. The new model of clinical supervision for midwives in Wales will support and enable midwives to support women in making choices about their maternity care. It is the responsibility of all midwives to provide women with unbiased, evidence based information and to be open and honest when discussing and planning care particularly where a woman's choice for birth does not necessarily fit with current evidence based practice, local or national policy or guidance.

Whilst midwives may want to discuss this and to seek support from their clinical supervisor, it is important that a midwife with whom the woman has built a trusting relationship is able to plan care together with the woman. Some women however do need extra support during pregnancy and the postnatal period as well as the opportunity to de-brief following a traumatic birth. This requires time and commitment from sensitive and highly skilled midwives, who may or may not be clinical supervisors.

There are many examples of good practice in Wales that are already embedded in clinical practice and exist outside statutory supervision of midwifery. For example, many Health Boards already provide 'Birth Choice' clinics for women who may be considering unusual requests for labour and birth. These clinics are usually facilitated by experienced midwives who are not LSA appointed supervisors of midwives. Each Health Board makes use of risk management, governance processes and professional development to ensure that senior midwives are involved with investigation, feedback and de-brief meetings with women. Consultant midwives and practice development midwives may also play a pivotal role in providing leadership and development; supporting and enabling other midwives to develop confidence to support women in complex situations.

All Health Boards have a duty to provide dedicated, responsive, specialist services and ensure women receive clear information about how to access such services. Health Boards have considered how this would be achieved once there is no longer a statutory role for supervision or a supervisory 'on call' rota in place in order to support women who may require particular advice outside of normal working hours. Local arrangements within Health Boards are in place to ensure senior midwifery advice is available 24 hours a day, 7 days a week.

4 Opportunities for reflection on the existing 'Future Proofing' model

The taskforce in Wales has considered at length the development of a post-statutory model for clinical supervision and has proposed that the more successful elements of the 'Future Proofing' model are retained. These include retaining the dedicated role and continuing with group supervision.

Findings from the 2016 LSA audit in Wales (Darra et al, 2016) have also been incorporated into the decision-making. The audit found that midwives and student midwives wanted their clinical supervisors to undertake certain activities and have particular attributes. The following is a summary:-

A Supervisor for Midwives should:

- Be a link with practice development
- Be a point of contact for career advice and clinical practice issues
- Provide support for NMC revalidation
- Support for midwives going through root cause analysis investigation and management processes
- Identify themes in learning needs of midwives and facilitate learning on a regular basis
- Identify and feedback on good practice
- Be proactive rather than reactive and punitive
- Work closely with band 7 roles, advising and supporting them when poor practice is identified
- Work together to address practice issues promptly providing appropriate training and extra study and addressing issues before they escalate
- Utilise skills and expertise of midwives for extra learning
- Maintain their own clinical credibility
- Ensure understanding of working within the unit / culture within the service

She/he must have the following qualities/attributes:

- Be trustworthy
- Be supportive
- Demonstrate good all round experience

- Be approachable
- Be non-judgemental
- Understand current service pressures
- Have significant clinical expertise and experience

A central component of the 'Future Proofing' model was group supervision. A small scale evaluation on group supervision by Swansea University was completed in July 2015 (Darra, 2015). Although it was carried out within a year of the change, very positive responses were made particularly in terms of it being helpful in reviewing practice and preparing for personal / professional development reviews. This was also favoured by respondents to the 2016 Wales LSA Audit and in other earlier audits (Wolfe et al., 2016) and therefore this mode of clinical supervision is to be retained in the new model.

5 A new model for Wales

Constantly seeking to improve the quality and safety of maternity care is fundamental in everything that midwives do and the proposed new model will have a key role in achieving this. Compassionate care of women and their families is also at the heart of what midwives do. To achieve this every day for every family midwives need to also care for themselves and each other. This must be an essential part of personal and professional development:-

“Supervision can be an important part of taking care of oneself, staying open to new learning and an indispensable part of the individual’s ongoing self-development, self-awareness and commitment to learning” (Hawkins & Shoheit 2012).

Hunter & Warren (2013) suggest the need to adopt a clinical supervision approach which focuses on self-development through reflective group supervision as well as one to one supervision. They recommend that attention be paid to 'critical moments' in a midwife's career when additional support and mentoring could be provided for example, during the preceptorship year, or if a midwife has experienced a traumatic clinical event or is the subject of a complaint or investigation. It is hoped that through supportive clinical supervision at these difficult times and throughout their career midwives will be able to build their own resilience and be better able to provide supportive care to women and families.

The model for Wales aims to provide midwives with an opportunity to:-

- Develop a commitment to learning
 - Develop transferable problem solving skills
 - Receive peer support and share experiences
 - Manage personal and professional demands
 - Explore emotional reactions to their work
 - Reflect on and challenge their own practice within a safe and confidential nurturing environment
 - Receive feedback on their skills that is separate to management processes
 - Identify individual developmental needs
 - Contribute towards meeting continuing professional development requirements
 - Problem solve in a safe and confidential environment
 - Take action and reflect upon the results
- (Care Quality Commission 2013)

5.1 Broad principles

The model for Wales takes into account of all the foregoing and aims to incorporate the best elements of the Welsh Future Proofing Model (2014). It will therefore:

- Be employer led.
- Be largely based on group supervision.
- Maintain a dedicated role for clinical supervisors for midwives (full time with up to 20% clinical responsibility).
- Have an All Wales role profile for ***Clinical Supervisors for Midwives*** (CSfMs).
- Incorporate agreed principles of educational requirements for the preparation of clinical supervisors for midwives which include leadership, coaching, resilience, action learning and quality improvement.
- Include embedded 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 clear governance structures for responsibility and accountability.
- Monitor and evaluate the model and the role.

6 The role of a clinical supervisor for midwives

The overarching role of a clinical supervisor for midwives is to:-

“Provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice” (Care Quality Commission 2013).

Clinical supervision for midwives aims to motivate and support midwives to embrace the quality and safety culture that improves outcomes for women and their families. This will include the facilitation of a strong interface between clinical supervisors, risk management personnel, practice development midwives and clinical governance structures within Health Boards to ensure learning from events is embedded in practice and that any themes or trends identified are acted upon. Clinical supervisors will provide this through two core elements:-

1. Learning through group reflection

Developing midwives’ skills and understanding through reflective practice

2. Individual support

Offering one to one individualised structured support and learning for midwives who are at a critical moment in their career or who are undertaking organisational capability programmes of work or written reflective accounts of care given where learning has been identified

Reflection need not be formalised and may take place with 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. There may also be occasions when it may be necessary for a clinical supervisor and a midwife to discuss practice development outside group sessions confidentially.

The new model will build on the experience of the Future Proofing Model in Wales (Ness & Richards, 2014) by providing a full time, rotational opportunity for midwives for a minimum of 3 years with review thereafter and an option to rotate back into clinical practice. An allowance of up to 20% for clinical supervisors to undertake clinical practice is recommended within the role in Wales to allow clinical supervisors to maintain their clinical

credibility. As it is a key leadership role, the clinical supervisor for midwives would meet the Agenda for Change knowledge and skills criteria of a Band 7 (Appendix 1) however individual Health Boards will be required to progress internal job matching procedures. The new model will require 'Job Planning' to be written into the job description to ensure that protected time is given for the role and undertaking an annual programme of work.

A job description / role profile has been developed for Health Boards in line with all the foregoing and reflecting the NMC Code (2015) regarding prioritising people, practising effectively, preserving safety and promoting professionalism and trust.

7 Preparation for the role of a clinical supervisor for midwives

To become a clinical supervisor, a midwife will be required to demonstrate that a programme of formal academic learning has been successfully completed. Working towards or successful achievement of an MSc/MA module of a minimum of 20 credits in clinical leadership will be required in order to be appointed as a clinical supervisor for midwives. Modules will include:-

- Leadership
- Coaching and mentorship
- Leading and facilitating action learning sets
- Professional values and autonomy
- Resilience – and nurturing resilience in others

In addition, the clinical supervisor for midwives may be required to undertake a work based project which demonstrates a contribution to the quality and safety agenda. For example, in line with health board / organisation requirements, the midwife preparing to become a clinical supervisor for midwives may be required to complete the 'Silver' Improving Quality Together (IQT) award (or similar).

8 Governance

Clinical supervision for midwives in Wales includes all current NMC midwifery registrants in clinical practice including those in management or teaching roles. Clinical supervision for

midwives in Wales does not apply to pre-registration student midwives; however health boards are encouraged to actively promote students' exposure to clinical supervision and the new model during practice placements. Health Boards may wish to consider implementing mechanisms by which midwives working outside health board boundaries can purchase clinical supervision if required. It will be for individual organisations to decide what is required for employees who are not providing direct midwifery care to women and to assess the added value of clinical supervision in these circumstances.

8.1 Selection Criteria

Health Boards will be responsible for recruitment of clinical supervisors for midwives who meet the minimum criteria for appointment in accordance with the role profile through organisational processes and procedures. Candidates must seek and gain managerial approval prior to application. Prospective candidates will be required to produce a 'manifesto' whereupon a combination of midwife review, election and formal interview will be held to appoint the successful candidate to the role. Accreditation of prior learning will also be considered for those who fit the role profile and person specification.

8.2 Workforce Numbers

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). Heads of midwifery in Wales have confirmed that this is a ratio that meets current requirements. Although there will no longer be a requirement for the clinical supervisor to undertake investigations into midwifery practice, their workload will reflect the proposed mandated number of hours for midwives to receive clinical supervision (in groups and one to one) and supporting midwives undergoing restoration of practice e.g. through capability programmes. Clinical supervisors for midwives will be required to demonstrate clinical credibility with up to 20% of their time being committed to clinical practice to support midwives.

Health Board	Midwives	SoM wte	SoM hours per month	Adjusted ratio
Abertawe Bro Morgannwg	302	2.2wte	250	1:12
Aneurin Bevan	316	2.4wte	273	1:11
Betsi Cadwaladr	383	3.0wte	342	1:11
Cardiff and Vale	278	2.2wte	205	1:11
Cwm Taf	204	1.6wte	205	1:15
Hywel Dda	205	1.6wte	182	1:12
Powys	46	0.4wte	45	1:11

*The above table displays the requirements for Future Proofing Supervision in Wales (2014)

8.3 Clinical Supervision for Midwives

Reflection through group supervision has evaluated well in Wales (Darra, 2015; Wolfe et al., 2016) but is a relatively new concept for midwives. Therefore the new model will ensure that mandatory group supervision sessions are central to it. Annual contact with a clinical supervisor may not be frequent enough to instil supervision as a good habit and for midwives to become adept at being confident to use it as a valuable process for learning. In contrast frequent supervision may be unachievable for Health Boards and may be unnecessary. In addition to mandatory group supervision sessions there may be times when it is used to support midwives who have had a long period of absence from the workplace. Three levels of engagement with clinical supervision for midwives will be:-

Mandated / Formalised

All midwives must undertake clinical supervision activities for four hours per year – two hours of which must be undertaken in group supervision.

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

- Pending or following a change in role
- Following a period of long term sickness absence
- When returning from maternity leave
- When returning from a career break
- For career advice or guidance

On request

A midwife may choose to attend a meeting / forum led by a clinical supervisor for midwives

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 recommended by the employer - for example if a midwife needs support and guidance on the completion of individualised organisational identified programmes of learning e.g. through 'capability' procedures.

8.4 Management and support

The clinical supervisor for midwives will be line-managed by the senior midwife and will be professionally accountable to the head of midwifery. The role closely links with risk, governance and practice development and there is opportunity for the clinical supervisor for midwives to be an agent for change, ensuring any learning or themes from group supervision and risk management processes are shared and that changes are embedded into practice. Clinical supervisors for midwives should receive day to day support via their line manager.

8.5 Continuous Professional Development (CPD) for Clinical Supervisors for Midwives

Clinical supervisors for midwives will have dedicated time each year to develop a work plan, participate in group supervision and peer review. Findings from the 2016 Wales LSA Audit (Darra et al., 2016) identified the benefits of working together as supervisors therefore the new model will incorporate quarterly CPD for clinical supervisors for midwives throughout Wales. This will ensure that clinical supervisors for midwives are able to meet and learn together and to identify national themes and trends for sharing with senior professional leaders from Maternity Services in Health Boards across Wales.

8.6 Key Performance Indicators

Impact and outcomes of the role will be monitored through Key Performance Indicators (KPIs). These KPIs will be reported annually in order to provide assurances through health board's quality and safety structures to the Chief Nurse / Director of Nursing that clinical supervision for midwives is being carried out to its full potential and that objectives are being met. Assurances will be provided to Welsh Government through existing Maternity Performance Boards on an annual basis.

KPI 1 Resource Mapping - Health Boards can demonstrate through the Annual Operating and Integrated Medium Term Plan that clinical supervision for midwives is being planned for the future as part of the Organisation's core business.

KPI 2 Continuous Professional Development - Health Boards can demonstrate that the clinical supervisor for midwives has attended 3 of 4 CPD learning events each year and can provide evidence of learning

KPI 3 Clinical Supervision for Midwives - Health Boards can demonstrate annually that the mandated number of hours for both group and one to one supervision has been undertaken by all midwives that are employed in the Health Boards

KPI 4 Newly qualified / Preceptorship Midwives - Health Boards can demonstrate that all newly qualified / preceptorship midwives have met with their named clinical supervisor for midwives on 3 occasions during their first year following employment/registration

KPI 5 Identifying & Learning from Themes and Trends - Health Boards can demonstrate that any themes or trends identified through risk management / clinical governance / audit / clinical supervision processes are acted upon and there is evidence of learning

KPI 6 Peer Review - Health Boards can demonstrate evidence that peer review of clinical supervision for midwives is undertaken across Health Boards annually and that a lay reviewer is included as part of the review team

8.7 Independent midwives

Midwives are accountable for their own professional development and as such will have a professional responsibility to ensure that their own clinical supervision requirements have been met. Independent midwives should be encouraged to seek clinical supervision opportunities from their nearest Health Board in addition to NMC revalidation requirements.

8.8 Identity

Clinical Supervisors for Midwives in Wales will have a clear identity in order to support women and promote professionalism. Heads of midwifery in Wales have agreed that the Clinical Supervisor for Midwives will wear appropriate navy (Band 7) tunics with matching trousers.

9 Finance

Welsh Government will provide a commitment to ongoing education and development for clinical supervisors for midwives. In addition to this, Welsh Government will fund a formal evaluation of the model within the first two years of its introduction.

Health boards will be required to fund the purchase of uniforms. However health boards are likely to see a substantial saving in travel and expenses as clinical supervisors for midwives will no longer be required to travel across Wales to undertake external investigations. All other staffing costs are already accounted for within the Future Proofing Model of Supervision (2014).

10 Evaluation of the model

A formal evaluation of the new model of clinical supervision for midwives in Wales will be funded by Welsh Government within the first two years of its introduction; data collection systems will be put in place during year one.

It is anticipated that tenders will be sought from suitable candidates to undertake such an evaluation.

11 Communication and Implementation Plan

The new model for clinical supervision for midwives in Wales had approval from Executive Nurse Director and Cabinet Secretary in December 2016. The All Wales Task Force was replaced by an All Wales Implementation Group in January 2017. The group developed an implementation and communication plan to inform transition into the new model.

Communication was developed by the All Wales Implementation Group to inform staff about the pending changes and what to expect. Plans for Data collection, reporting, Training and Evaluation will be produced by the Implementation group to ensure clear governance frameworks.

All Wales Taskforce Membership

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Karen Jewell	Joint Lead Chair, Welsh Government
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Carmel Lloyd	Royal College of Midwives UK
Karen Phillips	Supervisor of Midwives, Healthcare Inspectorate Wales
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Ruth Walker	Chief Nurse, Cardiff and Vale University Health Board
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