



DRIVING
IMPROVEMENT
THROUGH
INDEPENDENT AND
OBJECTIVE REVIEW

amdiffyn y cyhoedd
trwy oruchwyliaeth
statudol o fydwagedd



protecting the public
through statutory
supervision of midwives

Aneurin Bevan Local Health Board

Annual LSA Audit

2012-
2013

August 2013

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1 Executive Summary

1.1 Local Supervising Authorities (LSA) are organisations within geographical areas, responsible for ensuring that statutory supervision of midwives is undertaken according to the standards set by the Nursing and Midwifery Council (NMC) under article 43 of the Nursing and Midwifery Order 2001, details of which are set out in the NMC Midwives rules and standards. In Wales, the function of the LSA is provided by Healthcare Inspectorate Wales on behalf of Welsh Ministers. The LSA in Wales has two appointed LSA Midwifery Officers (LSAMO) to carry out the LSA function on its behalf.

1.2 The purpose of the annual audit is to assess the performance of Supervisors of Midwives (SoMs) in delivering the function of supervising in each Local Health Board (LHB) against the NMC standards and make suggestions for further development and continuous improvement.

1.3 Overview

In this reporting year the LSA revised the process for auditing maternity services devised in 2011-2012 to be more proportionate and focused on nine specific standards across Wales where it was previously demonstrated there is a need for ongoing development. This current audit showed that 67% (6) of the criteria for the nine standards measured were met with strong evidence and recommendations are made for further development. The remaining 33% (3) were met with strong to moderate evidence and development actions have been recommended to strengthen the supervisory function. It was encouraging to see that AB HB SoMs had implemented actions from the previous audit to support development of standards in year and influence practice change.

Recommendations are given against areas where development is required within the audit tool to support the SoMs in AB HB to develop standards where evidence was less robust and or would benefit from continued development in accordance with the aims of the ongoing audit process. The LSA has been clear from the outset that the revised audit processes are not intended to be critical but rather they aim to support continuous development by attracting appropriate resources and training as required.

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2 Introduction

- 2.1** It is expected that Supervisors of Midwives (SoMs) work to a common set of standards to empower midwives to practise safely and effectively and thereby enhance public protection. Each year the Local Supervising Authority (LSA) is required to submit a written annual report to the Nursing and Midwifery Council (NMC) to notify it about activities, key issues, good practice and trends affecting maternity services in its area. To inform this process the LSA Midwifery Officer (LSAMO) will undertake audits of maternity services within their area.
- 2.2** The process for the audit of the LSA standards takes a self/peer review approach against all NMC standards followed by an audit visit from the LSA team to verify evidence submitted against the nine priority standards. The review team consisted of the named LSA MO, a LSA Lay Reviewer, an experienced SoM from a neighbouring HB and a student SoM. This enables a team approach to audit, provides opportunity for peer review and benchmarking as well as supporting the sharing of best practice. The inclusion of the LSA lay reviewers within the team for the first time this year ensured the user perspective was sought throughout the audit process rather than the lay reviewers conducting a separate and unrelated audit function, as in previous years, which was welcomed at all levels.
- 2.3** The audit visit for Aneurin Bevan LHB, took place on 07/02/2013 as planned. Key personnel were invited to attend as well as the HB supervisory team (**Appendix A – Programme**).
- 2.4** The audit was conducted by Vinny Ness LSAMO, supported by experienced SoMs Sue Peterson and Natasha Thomas from Hywel Dda and Cwm Taf HB, Vicki Dawson-John a student SoM from Hywel Dda and Jackie Foster LSA Lay Reviewer.
- 2.5** The audit visit began with a brief overview presentation by Vinny Ness and was followed by the SoMs PowerPoint presentation giving an overview of Aneurin Bevan LHB and supervisory activities as well as the achievements of the SoMs in relation to good practice. In addition, the audit visit gave an opportunity to meet and share information on supervision with, the Nurse Director, Head of Midwifery, Risk Midwife, SoMs, midwives, student midwives and service users (**Appendix B – Attendees**).

3 Audit Findings

3.1 The purpose of the annual LSA audit is to review the evidence demonstrating that the Nursing & Midwifery Council (NMC) Standards for Supervision are being met; ensure that there are relevant systems and processes in place to enhance the safety of mothers and babies; ensure that midwifery practice is supported by evidence-based policies and procedures, and that practitioners are supported by SoMs to maintain clinical competence; identify that midwives communicate effectively within the multidisciplinary team and to review the impact of supervision on midwifery practice. The LSA MOs make their assessment from the information provided to them by the SoMs in Aneurin Bevan HB and from meeting with the Director of Nursing, Head of Midwifery, Corporate Risk Manager, SoMs, midwives, student midwives and service users at the audit visit.

3.2 The LSA MO has continued to observe a hard working team of supervisors who strive to proactively support midwives to support women. The LSA has worked closely with SoMs and the whole team over the year to address challenges with investigation and report writing skills which will continue this year through local and regional workshops. ABHB supervisors work as a cohesive team across the HB and demonstrate a good relationship with management. There is a culture of openness with a reflective attitude when things have not gone so well which supports learning the lessons to improve future service provision. The LSA would like to thank all those involved in preparing for the audit visit and the orderly manner in which evidence files were presented. This demonstrates commitment, makes the evidence easier to follow and thereby becomes a more meaningful process.

3.3 Positive elements and examples of good practice identified during the review included:

- The **'Message in a Bottle'** theme, used to remind midwives of the importance of urine testing at every antenatal visit, is an excellent example of innovation which quickly grew into a 'Top Ten' hits of popular song titles to use as aide memoirs for other essential midwifery skills.
- SoMs in YYF have commenced a 'drop-in clinic' that is available for women and for midwives for advice and support. This operates once a month and is being audited for the feasibility of roll out to other parts of the service.
- SoMs have supported training for midwives around skills for birthing babies in water following the installation of a birthing pool in the low risk ward area as a means of improving the normal birth rate.
- The self assessment audit tool was appropriately used by the SoM team to identify areas for development and plan the necessary action for the coming year. This ensures local ownership of actions and provides a basis to the Operational Plan.

3.4 Challenges

- Like most SoM teams there are particular challenges in balancing the needs of a substantive post with those of being a SoM. This means that investigations, report writing and application of sanctions is often unduly delayed.
- There are currently no SoM teams in Wales that are fully compliant with the Annual Supervisory Review process ensuring all midwives have had an annual review in the previous 12 months.
- With the increasing pressures on SoMs to demonstrate competence in all areas of the supervisory role the SoM/midwife ratio has been somewhat fluid with an increasing number of SoM resignations and requests for leave of absence. Whilst this situation has been managed in the short term this puts further demands on those SoMs still in the role which is likely to be unsustainable and will be kept under close review.

3.5 Recommendations to support continued development

Recommendations to support the ABHB SoM team in taking forward improvements to the supervisory function have been identified under each of the NMC standards within the audit tool that follows. The SoMs submitted their evidence prior to the LSA audit visit and were required to identify any improvement actions they felt were needed to strengthen their evidence against the measures described by the LSA to indicate strong, moderate or weak evidence. The purpose of this revised process was to enable SoMs to identify their own improvement actions for the coming year and give them ownership of future development. The action planning section of the audit tool was well used this year and should make devising a SoM Operational Plan a much easier task for the SoM team in the coming year.

- 3.6** Details underpinning the recommendations are outlined in section 4 under LSA commentary and recommendations. ABHB SoMs have fourteen standards where some development would be beneficial. The LSA MOs will work with their teams to support the preparation of an operational plan for the coming year that will address the development of these standards.
- 3.7** The supervisors in AB HB are to be commended on their work to date and the contribution individuals and the team as a whole makes to enhancing public protection. Supervision has a strong profile throughout the HB and SoMs work well with management to deliver service change. The LSA in Wales looks forward to working with all SoMs to improve the effectiveness of supervision, to supporting the development of supervision that will demonstrate to the Board that supervision does really add value to midwifery services and ultimately enhances public protection through the supervisor's role in actively supporting a safe midwifery workforce.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
Result: LHB Record – Strong, Moderate, Weak				
V2	Confidential supervisory activities are undertaken in a room that ensures privacy.	There are rooms available in each location where SoMs can meet midwives in privacy and this is always priority for all SoMs. 100% of midwives who responded to the questionnaire stated that their ASR took place in a room which ensured privacy – an increase of 6% from last year. Computer and internet access is always available to demonstrate evidence if required.		The ideal will be to ensure that ASR's can be entered directly onto the LSA database while with the midwife and to move to a paperless process. However, most midwives like to have a paper copy for their personal portfolio.
LSA Comment on Evidence				
Measures: Strong Moderate Weak				
V2	Result: LSA – MET in line with strong evidence. Recommendations made for development. 2012/13 This standards was not assessed but recommendation from pervious year needs further development	LSAMO shown a dedicated room where supervisory interviews take place. There is internet access in the dedicated room to work online and access the LSA database. 20 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.	In the main there is a dedicated room or LSAMO can be shown where rooms are made available. There is no regular access to internet. 10 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.	No rooms can be identified or it appears ad hoc. No internet access. Less than 10 midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.
LSA commentary				
The LSA MO was shown rooms where supervisory reviews took place which would offer privacy. The audit of 23% of midwives identified that 94% of respondents felt the review took place in a room which ensured privacy. The SoMs reported a mixed picture in regard to online access but felt this was not always a negative as some midwives preferred to complete a paper based review as part of the interaction with their SoM.				
Recommendations to support continued development				
Updated 2012/13 ABHB SoMs need to consider increasing the frequency of audits of midwives views of supervision and what they can do to improve the return rate to obtain a wider sample of views more representative of the HB midwifery workforce as a whole.				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V3	SoMs participate in developing policies and evidence-based guidelines for clinical practice.	<p>Supervisors have responsibility for the updating and developing of certain policies. e.g. Homebirth policy.</p> <p>The individuals responsible for updating are recorded on the Clinical effectiveness policies review list supervisors of midwives are also recorded on the review list and minute.</p> <p>Supervisors are emailed any draft policies or guidelines for review and they are also put on agenda of monthly supervisory meeting.</p> <p>Policies are also discussed at Clinical Governance meeting.</p> <p>Supervisors of midwives attend Clinical Guideline Groups on a rota basis monthly as in relation to risk.</p>		<p>ABHB policy and procedure for the management of policies, procedure and other written documents, has been reviewed in 2012.</p> <p>All ABHB policies have the name of the Division however the above policy does not state specifically that SoMs have to be involved in developing policies. However it states “5. Considered and approved by the appropriate forum. (e.g. Clinical effectiveness forum)¹¹. All policies and other written control documents should be developed in consultation with their target audience involving the appropriate managerial, clinical, and staff representation. All new and significantly revised policies should be subject of consultation within the division with the relevant professionals, groups and or individuals”</p> <p>SoMs are present on the Clinical effectiveness forum. Terms of reference in evidence folder.</p> <p>They are involved with the delegation of policies to be reviewed, developed and ratified at this forum. This is documented in the minutes.</p>
	LSA Comment on Evidence	Measures: Strong Moderate Weak		
V3	<p>Result:</p> <p>LSA - MET with strong evidence. Recommendations made for development.</p>	<p>A clear process that sets out how SoMs are involved in the guideline development group.</p> <p>Actual guidelines with SoMs named on the guideline as a developer.</p>	<p>There is some evidence that SoMs are involved in guideline development even if this is not a formal process.</p> <p>Actual guidelines with SoMs named as having been consulted.</p>	<p>There is no evidence that makes reference to SoMs developing or signing off guidelines.</p>

LSA commentary

The HB corporate process does indicate the importance of policies being developed and consulted on by and with individuals who have the appropriate knowledge and hence it can be taken that the SoMs would be included in this definition. The LSAMO is aware of policy discussions at monthly SoM meetings and has been involved in commenting on policies devised by SoMs. There is clear evidence that SoMs are representing supervision at the Clinical Effectiveness Forum, making appropriate comment on policies and the ToR identify the SoM as a group member. The SoM presence is less clear at the Clinical Governance Days albeit there are SoMs there with a dual role. There is a flowchart setting out the process of developing and updating, consulting on and sharing new policies and guidelines and the SoM is clearly visible at all stages.

Recommendations to support continued development

SoMs are encouraged to ensure minutes of Clinical Governance Days reflect that SoMs are active members of the group and bring the distinct perspective of supervision to the groups work. It is suggested that most of the planned action for improvement presented above is actually evidence and not action which the SoM team may like to consider reviewing.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
Result: LHB Record – Strong, Moderate, Weak				
V4	All midwives have access to documentation of local guidelines and policies in electronic or hard copy.	<p>All guidelines / policies are available on the ABHB Intranet and there is a clear directive as to how these should be formulated, ratified, implemented and audited (see evidence).</p> <p>All clinical areas have a SoM notice board where lists of new guidelines are displayed and there are processes for communication of new guidelines via meetings and electronic methods.</p> <p>SoMs note and minute new guidelines at their monthly meetings and will share these with midwives in practice. There is a Flowchart for Dissemination of New Policy and Guidelines Within Maternity Services and SoMs are part of the dissemination process.</p>		SoMs to undertake random audit of midwives knowledge of local guidelines and access to them later in the year.
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V4	<p>Result:</p> <p>LSA – MET with mostly strong evidence. Recommendations made for development.</p>	<p>A clear process that shows SoMs lead on communication with midwives when new guidelines are developed.</p> <p>There is a clear process for SoMs to disseminate guidelines and make sure midwives are aware/signed up to.</p>	<p>SoMs may not lead on communication but are clearly involved in a process of communication with midwives when new guidelines are developed.</p> <p>SoMs may not do the dissemination but they can show some involvement in midwives sign up/awareness.</p>	There is no evidence that SoMs play any part in communicating new guidelines to midwives or ensure they are aware/signed up to.
LSA commentary				
<p>The LSA audit team were shown where written polices can be accessed in the ward areas by midwives met during the audit visit and how to access the policies section for maternity on the HB intranet site. Midwives spoken to were also able to describe how they are made aware of a new policy, where this is advertised and what they must do to demonstrate that they have seen and read it. The SoMs now have clear flowcharts setting out the development, dissemination and notification processes to midwives for new policies and guidelines. It is acknowledged in the flowchart that 'Read Receipts' are best practice to demonstrate that midwives have both seen and read new policies but it is unclear if this actually happens.</p>				
Recommendations to support continued development				
<p>The planned action of random audits by SoMs of midwives knowledge of the process for accessing both written and electronic policies should be completed and presented as evidence for the LSA audit next year as well as evidencing the introduction of Read Receipt as standard practice across the maternity service.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
Result: LHB Record – Strong, Moderate, Weak				
V5	<p>Midwives are provided with and attend skills and drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations.</p>	<p>There are mandatory training programmes with lesson plans for obstetric emergencies. Staff are assessed in groups during the drills sessions. Some midwives attend additional training as identified by their PDPs e.g. ALSO. Clear evidence of informing managers and SoMs regarding a midwife's lack of attendance and this is checked constantly with Practice Education Midwife who produces regular training reports that are shared with SoMs and non-compliance is discussed at SoM meeting.</p> <p>The target of 75% attendance has not been achieved as yet but the training year continues until March 2013, with the new year of planned training commencing in April 2013.</p> <p>Supervisors participate in mandatory education and some run obstetric drills with the multi-disciplinary team in clinical areas.</p> <p>SoMs identify midwives' personal needs at the ASR.</p> <p>98% midwives who completed the audit questionnaire stated that they were given the opportunity to attend mandatory updating, while 82% report attending. The main reason for not attending is staffing pressures.</p>		<p>Time resource remains a challenge for mandatory updating but managers and supervisors are committed to improving opportunities for staff to attend. See action plan.</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V5	<p>Result:</p> <p>LSA – MET with moderate evidence. Recommendations made for development.</p> <p>Updated 2012/13 LSA – MET with moderate to strong evidence. Recommendations made for development.</p>	<p>There is a training record that demonstrates that there is a year on year programme covering all major skills and drills as in CEMACH.</p> <p>There is a clear record that year on year 95 – 100% midwives have attended skills and drills and been tested successfully.</p> <p>20+ midwives can describe the skills and drills process, when they last attended and how they were tested.</p>	<p>There is some evidence to support a record of training but it is not up to date or showing continuous improvement of attendance.</p> <p>There is a clear record that year on year 90 – 95% midwives have attended skills and drills and been tested successfully.</p> <p>10+ midwives can describe the skills and drills process, when they last attended and how they were tested.</p>	<p>There is no training plan to support attendance or improvement in numbers attending.</p> <p>Less than 90% of midwives have attended mandatory skills and drills in the last year and in previous years.</p> <p>Less than 10 midwives can describe the skills and drills process, when they last attended and how they were tested.</p>

LSA commentary**Updated 2012/13**

Whilst this standard was not audited in year the SoMs presented a lot of evidence to demonstrate their hard work and commitment to improving work in this important area. It is clear that SoMs play an active part in delivering and monitoring attendance at the training/updating sessions. There was still evidence that sessions are often cancelled as insufficient staff can be freed up to attend owing to clinical workload which means the HB struggles to achieve its own target of 75% attendance. There were some good reports summarising activity and attendance/non attendance at each of the training days and the reports had sections for recommendation and action plans all of which SoMs contribute to. However there was no evidence to show how action plans are managed and by who or evidence to show improvement as a result of the action planning.

Recommendations to support continued development

SoMs need to continue raising midwife's awareness of their own professional accountability to be up to date with emergency skills and drills in line with NMC guidance and employment contracts. SoMs should ensure the operational plan for the coming year demonstrates how they will support managers to improve attendance and the action plans can be linked to clear improvement outcomes.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
Result: LHB Record – Strong, Moderate, Weak				
V6 & V7	SoMs retain records of Supervisory activities for 7 years. Rule 12. Supervisory records are stored in such a way as to maintain confidentiality. Rule 12.	All SoMs have their own locked filing cabinet and new keys have been sourced to ensure this is 100% as identified by accompanying evidence. All SoMs store records securely and confidentially.		
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V6 & V7	Result: LSA – MET in line with strong evidence No development action suggested. 2012/13 This standards was not assessed	There is a clearly marked and dedicated area for the storage of supervisory records that are not part of any other HR files. It can be demonstrated that these records go back at least 7 years. SoMs can describe the process they would undertake if they had difficulty storing records locally.	There is an area where supervisory records are stored but it tends to be along with other HR files albeit they are still separate and not accessible to others. Cannot show that records go back for 7 years. SoMs can describe some part of what they would do if they had difficulty storing records locally.	There is no dedicated area and supervisory files are mixed with management/HR files which are accessible to others. There is limited or no backlog of records. SoMs are unable to describe adequately what they would do if they had difficulty storing records locally.
LSA commentary This was a strong area of compliance with no concerns raised by SoMs or midwives. The LSA was shown storage facilities which were in line with standards. All SoMs could describe the process for archiving records or passing to the LSA if difficulties arise and there was visible evidence of files that cover the seven year period.				
Recommendations to support continued development There are no recommendations for development.				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V8	Support is provided for SoMs in their administrative tasks in line with LSA funding.	ABHB team of SoMs has dedicated administrative support funded through the SoM budget. Kerry Jeffries undertakes this role efficiently and effectively through minute taking, planning and disseminating information, providing database support and liaison with LSA team.		
	LSA Comment on Evidence	Measures: Strong Moderate Weak		
V8	Result: LSA – MET in line with strong evidence No development action suggested. 2012/13 This standard was not assessed	There is a dedicated administrator who can clearly demonstrate her role in supporting SoMs both from records and in verbal communication.	There is some dedicated time for supervisory administration but the individual post holder is less able to show her records of activity or to articulate that well.	There is no real dedicated time for administrative support which is evident on review of records and in conversation.
LSA commentary				
There was both written and verbally confirmed evidence that this standard was met. The LSA MO has witnessed the development of the team admin support over the past year and she is an effective member of the team.				
Recommendations to support continued development				
There are no recommendations for development unless the needs of the team increase or change.				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V10	Effective mechanisms are in place to ensure that every SOM receives information disseminated by statutory bodies.	All information from HIW, NMC, LSA etc are forwarded by e-mail to all Supervisors. All Supervisors have Blackberry phones and can access e-mails continuously. Example of dissemination of recent new Midwives Rules (2012) to all SoMs and then to forward to all midwives across ABHB.		
	LSA Comment on Evidence	Measures: Strong	Moderate	Weak
V10	Result: LSA – MET in line with strong evidence No development action suggested. 2012/13 This standard was not assessed	There is a clear process that can be demonstrated to support how every SoM receives information from statutory bodies i.e. NMC, NICE, LSA, NPSA. 100% of SoMs interviewed could describe the process.	There is some process but it cannot be clearly evidenced to support how all SOMs receive the information. 75% of SoMs interviewed could describe the process.	There is no clear process and information sharing appears ad hoc and haphazard. Less than 50% of SoMs interviewed could describe the process.
LSA commentary				
The use of LSA funding for the purchase of Blackberry phones for SoMs was an astute move to ensure all SoMs are kept up to date with relevant information, incident reporting and are easily accessible for advice.				
Recommendations to support continued development				
There are no recommendations for development.				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies.	SoMs have continued to demonstrate a visible presence with clinical governance through attendance at local risk meetings, adverse incident meetings, labour ward forum, MSLC meetings and Maternity Board meetings. Attendance has been minuted as SoM, not as substantive role.		Improved visibility could include attendance at Neonatal Business meetings, Perinatal Audit meetings and clear recording of presence at Clinical Effectiveness Forum and Clinical Governance days as SoM.
	LSA Comment on Evidence	Measures: Strong	Moderate	Weak
V11	Result: LSA – MET with strong evidence Recommendations made for development.	<p>There is a clear written policy within the clinical governance department that takes account of the interface between CG/SoM teams.</p> <p>There are regular minutes of meetings where SoMs are present in their supervisory capacity and demonstrate their input to the clinical governance agenda.</p>	<p>There is no written policy but CG managers are able to describe what SoMs do and how they currently contribute to the CG agenda.</p> <p>There have been at least 2 occasions in the previous year where a SoM has been present at or contributed to the appropriate CG committee.</p>	<p>There is no clear evidence that the CG team recognise SoM and they cannot articulate clearly where the interface would be.</p> <p>There is no evidence that a SoM attends any CG committee in her own right even if she is there with 2 hats.</p>
LSA commentary				
<p>The ABHB SoMs team have made good progress with this standard and presented some sound evidence to demonstrate how they contribute, in their SoM role, to the clinical governance agenda at relevant governance and risk meetings across the HB and are recognised as important players. The clinical Risk Management Strategy for maternity Services clearly recognises the SoMs and the role they play in enhancing public safety. The risk co-ordinator attended the LSA audit and was clearly able to describe the link between supervision and risk management in enhancing public protection. The SoMs are allocated to attend CG meetings and other safety/improvement forums on a rotational basis and this is agreed at each SOM meeting. The Nurse Director agreed to a SoM being part of the Maternity Service Board membership where service development, challenges and improvements are monitored and considered. There is still work to do on embedding the supervisory investigation process into joint working alongside risk and management to avoid duplication for all involved.</p>				
Recommendations to support continued development				
<p>To continue as above strengthening the active participation of SoMs in improving quality, governance and safety for women and their babies in their role as SoM. To develop further the process of joint investigation between management, risk and supervision to enhance outcomes for all involved and ensure timely conclusions to supervisory investigations and restorative practice for midwives.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V12	An interface between supervision & risk management is evident in the investigation of critical incidents.	SoMs attend all Risk/Transfer meetings in the three areas of the maternity service. SoMs are allocated at the monthly SoM meetings. A flow chart is used to clearly demonstrate where allocation of case reviews/investigations lies. SoMs have an important and recognised role within the SUI investigation process. Where ever possible SoMs link with management investigations and conduct joint interviews to avoid duplication. Evidence available but not attached to protect confidentiality.		To use the new LSA tool for recording reflective activity between SoM and midwife under investigation, where this has been recommended, to provide an audit trail.
	LSA Comment on Evidence	Measures: Strong Moderate Weak		
V12	Result: LSA – MET with moderate to strong evidence. Recommendations made for development.	There are clear TORs for the review of SIs that includes the need for SoMs to be involved. Where SI’s RCA outcomes are reviewed on a MDT basis there is clear evidence that a SoM has been involved as part of the team in her capacity as a SoM in order to take back lesson learning.	There are no written TOR for SoMs to be part of the SI review meetings but CG personnel and SoMs can describe that this happens. There is some evidence SoMs and the CG team collaborate in an SI review and particularly where there are lessons for midwifery practice to be learnt.	There is no recognition that SoMs need to be part of the SI review process. There is no evidence that SoMs are included in SI review meetings and there is no process for them to share lessons with the midwifery team.
LSA commentary				
As in the previous standard this seems to be an area the HB corporate risk team and SoMs are working on to strengthen and there is clear evidence of closer working in appropriate forums. This joint investigation process between management and supervision is still in development but the HB are to be commended for their progress to date. However as in the previous standard SoMs need to develop the process further to ensure SoMs are proactively involved in the joint management and risk investigation process whilst maintaining the discreet perspective that supervision brings to the investigation process. In particular SoMs need to seek ways of addressing supervisory investigations in a reasonable time frame to ensure outcomes are not out of synch with redress and that the practice of midwives is effectively restored in a timely manner. The use of the LSA reflective practice tool as an action from risk management meetings is evidence that practice change is already taking place.				
Recommendations to support continued development				
SoMs need to consider the work of risk and management teams and how supervision can link with or contribute to a joint process to minimise duplication and improve outcomes for those who are subject to investigation. Equally SoMs need to be recognised as having a degree of expertise to bring to the RCA process from the discreet perspective of supervising midwifery practice. It is recommended that the SoM work plan includes an objective that will strengthen closer working with risk management which can then be evidenced at the end of the next annual audit review.				

Nos	Criteria for Measurement	Evidence Recorded/Seen Result: LHB Record – Strong, Moderate, Weak	LHB Planned action for Improvement
V13	Outcomes of investigations of critical incidents are disseminated to inform practice.	<p>Outcomes of investigations are cascaded to all staff through unit meetings, labour ward co-ordinator meetings, multidisciplinary clinical governance days and by email and also on the SoM notice boards. Changes continue to be implemented as a direct result of action planning in relation to SUI recommendations. Examples of this include standardised use of SBAR tool for all communication, Fresh Eyes approach to CTG interpretation and consistent use of MEOWS charts for all women in the acute setting. SoMs are involved in the CTG, case notes, and prescription chart audit and are responsible for compiling a report which is then disseminated to all staff as above. SoMs have been involved in CTG training on staff training days. Following the investigation of a recent serious untoward incident in RGH, concerns have been raised about the continued misinterpretation of fetal monitoring. We have put a number of actions in place which include:</p> <ul style="list-style-type: none"> • Reviewing our current training for doctors and midwives to ensure that they feel confident with using the NICE classification when assessing CTG traces. • We are ensuring that all monitors have laminated copies of the NICE guidance, with diagrams of typical and atypical decelerations, attached to them. • We need all midwives and doctors to be using the same method of classification, which should be NICE 2010 (Found in Intrapartum guideline) and the appropriate sticker for classifying this should be used in the women's notes. <p>We will be piloting a "fresh eyes" approach from Monday 30 January. Apologies for the short notice, however, we need to act with a sense of urgency to ensure we reduce the risks of the same mistakes happening again. Please see memo in email below, which is also displayed on Labour Ward. You as Labour Ward Coordinators have been identified as the appropriate people to carry out the fresh eyes review due to your level of experience, your responsibility for the activity on each shift and because it is a good opportunity for you to ensure that you have the full picture of each woman on Labour Ward. Please ensure that you document your review in the woman's notes and that a NICE sticker is used to classify the trace. An obstetric registrar review can be used as a fresh eyes review. A simple audit tool will be used to capture how well we are able to provide this review, but please let me know if you experience problems doing this.</p>	<p>Since email is now available to all midwives' in ABHB, SoMs should consider regular updates regarding action from investigations via email to their supervisees.</p> <p>Regular audit of compliance with actions from investigations.</p> <p>Standing item on the agenda for SoM meetings to review actions and any concerns that need to be raised with management.</p>

	LSA Comment on Evidence	Measures: Strong	Moderate	Weak
V13	<p>Result:</p> <p>LSA – MET with strong evidence. Recommendations made for development.</p>	<p>There is a clear process and actual means of sharing outcomes of SIs with midwives in practice.</p> <p>There are examples of practice change that can be shared to demonstrate that this process works.</p> <p>There is evidence that any practice change resulting from outcomes of an SI has been audited to ensure it has made an improvement.</p> <p>20+ Midwives at ward level can describe the process and a recent practice change.</p>	<p>There is some evidence of a means to share outcomes of SIs i.e. newsletter but this is not well embedded.</p> <p>There is anecdotal evidence of practice change but there has been no formal process to introduce it.</p> <p>There is evidence of practice change but it has not been audited for success.</p> <p>10+ midwives at ward level can describe the process and a recent practice change.</p>	<p>There is no formal or informal process to share outcomes of SIs.</p> <p>There are no outcomes that can demonstrate practice change as a result of an SI.</p> <p>There is no evidence of audit of practice change.</p> <p>Less than 10 midwives can describe anything like a process for sharing outcomes of SI and how these influence practice change.</p>
<p>LSA commentary</p> <p>There was improvement noted in the evidence presented for this standard in year. The SoMs have devised a flowchart setting out the process of investigation which also refers to the feedback process for lessons learnt including CG days, unit meetings and monthly SoM meetings. There was verbal evidence presented during the audit visit that there is a process of sharing lessons learnt from the risk midwife and midwives at ward level during mandatory study days. The continued use of the 'Lesson of the Mont' briefing circulated within the maternity wards, posters focused on the Top Ten Hits for practice change and the shared lesson learning/new policy notice board in labour ward at NHH are all examples of good practice in information sharing to inform practice improvement. The audit file contained examples of practice change including 'Fresh Eyes' for the review of CTGs on labour ward and a regular audit of the process, along with the ongoing audit of prescription charts all of which strengthen the evidence to demonstrate improved compliance with this standard.</p>				
<p>Recommendations to support continued development</p> <p>The SoM team should ensure their planned action for improvement identified above forms part of the SoM Operational Plan and is implemented to provide evidence of ongoing improvement in the next LSA audit.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V14	Audit of record keeping of each midwife's records takes place annually. Rule 9.	Notes audit across all three units completed November 2012 and results were presented by supervisors at SoM meeting, Clinical Governance Day and shared across the units with action plans for improvement. Clear flow charts regarding the process have been developed by SoMs (in evidence folder). Précis of results to be displayed in all areas. Also each SoM undertakes audit of midwife's records at ASR and this is evidenced in the questionnaire sent to midwives where 100% reported that they audited their notes with the supervisor at ASR.		
	LSA Comment on Evidence	Measures: Strong	Moderate	Weak
V14	Result: LSA – MET with strong evidence. Recommendations made for development.	<p>There is a clear written process to identify what records audit processes will take place, how often this will be done, who will be involved and how the outcomes for improvement will be shared with all midwives.</p> <p>There are examples of record audit tools to demonstrate how the audits are conducted.</p> <p>There are examples of year on year audits that have been done and what lessons were learnt from each one.</p> <p>There are regular examples of how lessons learnt from audits are shared with all midwives.</p> <p>There is evidence of auditing and improvement between reviews.</p> <p>20+ midwives can describe each of the steps above and can talk about practice change as a</p>	<p>There is no written process on records audit but there is evidence that these take place at regular intervals, in different formats, by different people/teams and the lessons learnt are shared frequently.</p> <p>There is at least one audit tool to demonstrate how an audit will be conducted.</p> <p>There are some examples of previous audits but they are not systematic.</p> <p>There are some examples of lessons learnt being shared but this is not consistent.</p> <p>There is evidence of re auditing but continuous improvement is less evident.</p> <p>10+ midwives can describe most of the steps above and talk about how this has influenced practice.</p>	<p>There is no process in place nor is it clear how often, by whom and by what means auditing takes place.</p> <p>There are no recognised audit tools to demonstrate how robust audits will be or have been undertaken.</p> <p>There are only ad hoc examples of record audits available to evidence.</p> <p>There are ad hoc examples of sharing lessons learnt.</p> <p>There is limited or no evidence of re auditing or any improvement shown.</p> <p>Less than 10 midwives can describe any of the steps above or can talk about how record audits influence practice change.</p>

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LSA commentary

There was a large amount of evidence presented for this year against this standard demonstrating that SoMs had taken on board the recommendations from the LSA audit in 2011/12. The evidence of audits and the flowcharts devised to guide the process show that audits take place regularly for many practice areas i.e. record keeping, CTG use, prescription chart use, routine enquiry for DA and MEOWS. The addition of an action plan to address areas for improvement was good practice which now needs to be developed further to show monitoring of outcomes from the action plans. There was also evidence that audit outcomes are shared at unit team meetings, monthly CG days, as part of the supervisory review process as well as through the Lesson of the Month Briefing. The audit of midwives views report showed that 100% of the 119 midwives audited had been required to get at least one set of records audited at their annual review which is an improvement with compliance from 2011/12. Midwives interviewed during the audit visit could describe this aspect of the annual review process.

Recommendations to support continued development

There has been a great improvement in this standard and the only recommended action is to show evidence that the action planning has been implemented, monitored for compliance, by who and by when.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V15	Information pertinent to the statutory supervision of midwives is publicised through e.g. Newsletters, bulletins, web-sites, e-mails, voice mail and reports by LSA, Employers and SoM.	Information regarding Supervision of Midwives and the LSA newsletter are displayed on Supervisory Boards in every clinical area and there are information leaflets available in every antenatal clinic for women and families. The maternity section of the HB website also has information regarding supervision of midwives and how to contact a supervisor – see evidence on PowerPoint presentation in folder. LSA has also presented at the MSLC and supervisors if midwives have a place at MSLC and on the Maternity Board.		
	LSA Comment on Evidence	Measures: Strong	Moderate	Weak
V15	<p>Result:</p> <p>LSA – MET in line with strong evidence.</p> <p>Recommendations made for development.</p> <p>2012/13</p> <p>This standard was not assessed</p>	<p>There is noticeable evidence that SoM is publicised in all places that women and families visit.</p> <p>The NMC leaflet on SoM is available along with other written documentation to direct women to a SoM and informing them why they may wish to access a SoM.</p> <p>The HB website has information on the role of the SoM and how to make contact with her.</p> <p>There is evidence that the annual report is shared with user forums such as MSLC and across the organisation up to Board level.</p> <p>20+ midwives are aware of the LSA newsletter being shared with midwives and can describe how useful/relevant it was to them in their practice.</p>	<p>There is some noticeable evidence of SoM but it is not consistent in all areas where women and families are seen.</p> <p>The NMC leaflet is available but there is no additional information produced locally nor is it clear to women why they may wish to access a SoM.</p> <p>There is reference to SoM on the website but no further detail.</p> <p>The annual report has been shared with the Board but limited evidence that it has been shared more widely.</p> <p>10+ midwives are aware of the LSA newsletter and can describe how useful/relevant it was to them in their practice.</p>	<p>SoM are not noticeable in any area for members of the public to see.</p> <p>There are not leaflets either NMC or local available for women.</p> <p>SoM is not referred to on the HB website.</p> <p>The annual report has only been shared with the Board if at all.</p> <p>Less than 10 midwives are aware of the LSA newsletter and can describe how useful/relevant it was to them in their practice.</p>

LSA commentary

This was a standard that the ABHB SoMs showed excellent commitment to as strong leaders. The LHB website had a link to the SoMs page but unfortunately the annual report was out of date. Client, SoM and midwife information boards were visible in all areas visited with information on supervision and why you may contact a SoM. The AB LHB has a developing MSLC and SoMs play an active part in meetings. The LSA MO met the chair of the MSLC during the audit visit and she gave a positive account of how SoMs were offering support to women and in general felt that services were listening to women's views. The LSA annual report and the LHB annual report had been shared with the MSLC and at Board level through a briefing paper prepared by the head of midwifery and presented by the director of nursing. The LSA newsletter was seen on SoM and midwife notice boards and some of the midwives interviewed during the visit could describe its purpose for keeping up to date with publications and news from NMC. There have been numerous examples shared at SoM meetings of SoMs working as a team with midwives to support women and midwives when women are making choices that are not necessarily in line with their level of risk. The sharing of care plans and action plans using the SBAR communication tool is another example of good practice.

Recommendations to support continued development

The website should be re vamped to ensure information contained on it is contemporaneous and relevant and all the good work to date to be continued.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V16	SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety.	<p>Community standards compiled by SoMs Community midwives equipment checked by SoMs in 2012 Ward equipment checked on a regular basis by all staff. A SoM has devised the CTG training in ABHB alongside consultant colleagues. A SoM monitors the uptake of CTG training for midwives. A SoM assess midwives CTG knowledge with an assessment tool on the study days. Every SoM is able to access the K2 database to monitor the progress of their supervisees. SoM has completed the Competent Persons Training for Health and Safety and updates records as required. A CTG review is part of the annual supervisory review for all midwives Evidence in folder.</p>		SoMs will include an equipment check as part of the annual supervisory review for community midwives in 2013/14
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V16 Result: LSA – MET with moderate to strong evidence. Recommendations made for development.	<p>There is a clear policy on how SoMs are involved in devising processes for checking equipment at ward level and for community midwives.</p> <p>There is evidence of frequent year on year checking of equipment both for availability and safe maintenance.</p> <p>There is evidence that SoMs are involved in devising and monitoring CTG training, scoring and regular good practice.</p>	<p>There is no clear policy on how SoMs are involved in processes for checking equipment at ward or community level but SoMs can describe how this happens.</p> <p>There is some evidence that SoMs do check equipment both for availability and safe maintenance but this is not consistent.</p> <p>There is some evidence of SoM involvement in monitoring CTG training, scoring and regular good practice but it is not consistent.</p>	<p>There is no process and SoMs are not able to articulate how this is done or the frequency at which it happens.</p> <p>There is limited or no evidence to support that SoMs do check equipment at ward or community level.</p> <p>There is limited or no evidence that SoMs are involved in monitoring CTG training, scoring or regular good practice.</p>	

LSA commentary			
<p>The LSA has seen evidence of equipment checking and maintenance checks by appropriate personnel for equipment such as scales and entonox. There was also evidence seen in the clinical areas that supported regular checking of trolleys and other equipment as needed. This was not solely the responsibility of the SoMs although they could describe what happens and when. The development by SoMs of the new guideline for Midwives Giving Care in the Community clearly sets out the requirements for equipment to be carried by community midwives. There was also evidence that SoMs have undertaken a random audit of community midwives equipment in year which could have been strengthened by the addition of a plan of action taken where compliance with requirements was less than 100%. The addition of the Community Midwifery Standards document for 19 standards as evidence this year added to the assurance but it less evident whether compliance with these standards is in itself audited. There was strong evidence that SoMs are closely involved with the training, assessing of competence and sharing of good practice and lessons learnt in relation to CTG use albeit attendance at CTG updates and completion of K2 still needs to be improved. The training presentation on intelligent intermittent auscultation is most timely to support midwives providing midwifery led care in low risk areas.</p>			
Recommendations to support continued development			
<p>The SoM team need to continue the random audit of community midwives compliance with requirements and devised an action plan for feedback to community midwives and their line managers when there is less than 100% compliance. They should also consider how they will demonstrate community midwives compliance with the community standards in a proportionate manner as well as the already recommended action to work with management on increasing midwives compliance with CTG training and assessment.</p>			

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB Planned action for Improvement
		Result: LHB Record – Strong, Moderate, Weak		
V17	SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services.	This is evidenced in the minutes of supervisors meetings and e-mails to senior managers from supervisors. Supervisors are now writing a management summary to inform managers of the outcomes of case reviews or investigations and there is more sharing of pertinent information in order to ensure public safety.		From February 2013, there will be a standing agenda item at each SoM meeting to note any concerns with public safety that will then be directly shared with senior managers by the Contact SoM.
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V17	Result: LSA – MET with moderate to strong evidence. Recommendations made for development.	Minutes of SoM meetings demonstrate discussion in relation to staffing issues or other patient safety risks. There is evidence of action plans that SoMs have devised to support midwives in maintaining safe practice and outcomes are clear as a result. There is written evidence that SoMs have raised their concerns with the HoM when either their own workload is compromising their ability to protect the public or there are such concerns relating to service delivery and there are clear outcomes as a result.	Minutes of meetings shown some discussion regarding safe staffing levels etc. but it is less clear what action will be taken as a result. There is evidence of action planning but these are not robust and outcomes are not well defined. There is some evidence that SoMs have raised concerns with HoMs and others but there has been no follow up or practice change as a result.	There is no evidence that such matters are discussed by SoMs in their meetings.
LSA commentary				
<p>Discussions at SoM meetings and the records of same demonstrate an increasing focus on staffing and other safety issues. The addition of a standing agenda item to cover Public Safety Matters since February this year will strengthen this further. The evidence of SoMs action plans in relation to managing the requests of high risk women who choose to birth in a low risk area is good, but there is less evidence to demonstrate action planning in regard to reported staffing or resource issues although it is accepted this is probably done on a daily basis by senior managers. The LSA MO and the contact SoM meet quarterly with the Head of Midwifery and half yearly with the Nurse Director where particular issues of concern would be raised. The practice of writing a management summary report following a supervisory case review is now becoming more standard but efforts are still needed to ensure timely completion of the investigation and report writing processes to facilitate management reporting.</p>				
Recommendations to support continued development				
<p>The SoMs need to devise action plans on matters reported to management following investigations and then follow up through SoM meetings to ensure actions have been addressed and changes to service delivery have been put in place with a plan for auditing outcomes.</p>				

5 Conclusion

- 5.1** The LSA in Wales recognised the need to revise and streamline the SoM audit process to ensure it was both fit for purpose and would add to existing assurance mechanisms in enhancing public protection. However the LSA was also minded to reduce duplication of effort for SoMs by devising a more seamless process to ensure outcomes and recommendations would be relevant and inform the way forward in subsequent planning cycles. This is a dynamic process and the LSA MOs will work with SoMs and Heads of Midwifery to further refine the annual audit in order that it supports internal governance as much as informing the LSA and NMC.
- 5.2** The supervisors in Aneurin Bevan HB are to be commended on their work to date and the contribution individuals and the team as a whole makes to enhancing public protection. The LSA is grateful to all staff who contributed to the audit visit and the compilation of evidence as well as to the HB for its hospitality.
- 5.3** The LSA in Wales looks forward to working with all SoMs to continue improving the visibility of the supervisory function at every level of the HB. We are also very excited about supporting the Future Proofing of Supervision that will demonstrate to the Board that supervision really does add value to midwifery services and ultimately the role of the supervisor enhances public protection through pro actively supporting a safe midwifery workforce.



Appendix A

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

Date: Thursday, 7 February 2013

Location: Nevill hall Hospital, Aneurin Bevan Health Board

No.	Time	Activity
1	09.00	Arrival & Coffee
2	09.15	Introduction from the LSA review team LSA MO presentation to explain the purpose of the audit of supervision and the future direction of supervision set out by the NMC To be invited – Director of Nursing Head of Midwifery Contact SoM Local SoMs Corporate Risk Manager Administrative support for supervisor of midwives
3	09.30	20 minute overview presentation from local SoMs to include; 1. Summary of local annual report 2010-2011 2. Examples of Good Practice 3. Examples of local profile of supervision 4. Key information for the local annual report for 2012-2013 5. Direction of travel for local SoM team with suggested operational plan for 2013-2014
4	10.30	Coffee
5	10.45	LSA review team to meet with Risk Manager (Team 1) LSA review team to meet with PPI leads, MSLC Chair and review examples of SoMs user engagement (Team 2)
6	11.15	LSA review team to meet with Clinical Director (Team 1) LSA review team to meet with student midwives, practice educators, midwife mentors (Team 2)
7	11.45	LSA review team to meeting with local SoMs to review evidence for audit standards V1, V3, V4, V11, V12, V13, V14, V16, and V17.
8	13:00	Lunch
9	13:30	LSA Review team to verify evidence within the clinical environment
10	15.00	LSA Review team to summarise findings and draft information for report
11	16.00 to 16.15	Feedback to HoM and others, overview of day and next steps

List of Participants in the Annual Audit process – Aneurin Bevan LHB

Director of Nursing – Denise Llewellyn

Head of Midwifery – Deb Jackson

Programme Manager/Admissions Tutor – Fran Magness

Senior Midwifery Manager/SoM – Louise Taylor

Senior Midwifery Manager/SoM – Suzanne Hardacre

Family Services Divisional Quality and Safety Lead Nurse/Midwife – Debbie Pimbley

Consultant Midwife/Contact SoM – Grace Thomas –

Risk Co-ordinator – Jayne Beasley

Education Lead/SoM – Melrose East

Lead Midwife/SoM – Lesley Constance

Secretarial support for SoM – Kerry Jeffries

Met by the LSA Team

Midwives from across Delivery suite, Antenatal and Postnatal wards, DAU

Student Midwives

Apologies:

None known