



DRIVING  
IMPROVEMENT  
THROUGH  
INDEPENDENT AND  
OBJECTIVE REVIEW

amddiffyn y cyhoedd  
trwy oruchwyliaeth  
statudol o fydwagedd



protecting the public  
through statutory  
supervision of midwives

# Abertawe Bro Morgannwg University Health Board

## Annual LSA Audit

2012-  
2013

August 2013

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## Contents

1	Executive Summary.....	5
2	Introduction .....	6
3	Audit Findings .....	7
4	Evidence of standards being met / partially met / not met.....	9
5	Conclusion.....	36
6	Appendices.....	37



## **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 Health Board (HB) 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 78% (7) of the criteria for the nine standards measured were met with strong or strong to moderate evidence and recommendations are made for further development. The remaining 22% (2) were met with moderate evidence and development actions have been recommended to strengthen the supervisory function. There was ample evidence that processes are in place but for some standards the submission could have been strengthened by the addition of evidence to demonstrate how the processes have been applied and what outcomes have been achieved that have influenced practice change.

Recommendations are given against areas where development is required within the audit tool to support the SoMs in ABMU 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 ABMU HB, took place on 21/02/2013 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 who was supported by, Dawn Stone, an experienced SoM from Cwm Taf LHB, Martine Lloyd and Stephanie Williams, Student SoMs from Cardiff and Vale HB and Hywel Dda HB, and Natalie Paisey, LSA Lay Reviewer. The review team were also joined by Kath Harbisher Chair of ABMU HB MSLC.
- 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 ABMU HB 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 Director of Nursing, Head of Midwifery, SoMs, midwives, practice educators and lecturers, 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 ABMU HB and from meeting with the Director of Nursing, Head of Midwifery, SoMs, midwives, practice educators, lecturers, student midwives, PPI lead and service user representatives at the audit visit.

3.2 The LSA would like to acknowledge and thank all those involved for the obvious effort that was put in to 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 development of a monthly summary notice called '**How are we doing in January, February** etc' which shows midwives the total number of normal birth and percentage broken down further into home births and midwife led units. This is a good way to bring focus to normality and encourage an increase in the normal birth rate. The addition of any specific messages for midwives as a footer to the report is a good way of sharing important and relevant information.
- Evaluating SoM views of bi monthly meetings is another innovative idea to ensure everyone feels their views are being sought and they are listened to. The action planning from this exercise will ensure meetings are more meaningful and SoMs have greater ownership of the agenda in future.
- The awareness training day for SoMs on Legal and Redress was an excellent example of supervision working in partnership with risk management and offered an opportunity for each to better understand the other's roles.
- The production by the SoM team of a resource book for new starters called '**Supervision in ABMU Health Board**' will be particularly helpful. It contained not just all relevant information about supervisors and supervision but also other key information to support midwives who are required to rotate in an emergency, summary of record keeping audit findings and a letter from the HoM informing midwives of all mandatory and annual training requirements, evidence of which must be brought to their annual supervisory review.

### **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.
- The difficult financial climate makes it challenging to support all SoMs to experience adequate exposure to every aspect of the role which is evidenced by the submission of the annual supervision competency tool to the LSA.
- The ABMU SoMs need to consider how in future audits they can produce evidence to support the application of their many robust processes with hard evidence of how this has influenced practice change.

### **3.5 Recommendations to support continued development**

Recommendations to support the ABMU 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 not completed which was a missed opportunity for SoMs to highlight their own areas for development and identify key actions for improvement in the coming year.

**3.6** Details underpinning the recommendations are outlined in section 4 under LSA commentary and recommendations. ABMU HB SoMs have 11 standards where some development would be beneficial. The LSA MOs will work with their teams to devise an operational plan for the coming year that will address the development of these standards.

**3.7** The supervisors in ABMU 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. There is still work to do in raising the profile of supervision throughout the maternity service but there has been progress in delineating the supervisor and manager roles whilst ensuring good working relationships are maintained. It would be beneficial to see more clinical supervisors having opportunities to contribute more to the wider governance agenda. The LSA in Wales looks forward to working with all SoMs to improve the visibility of the supervisory function at all levels of the HB, 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.

4 Abertawe Bro Morgannwg University Health Board Self Assessment Tool and LSA MO Feedback on Recommended Action

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V1	Midwives views and experiences of statutory supervision are sought.	<ul style="list-style-type: none"> <li>• Following the successful completion of any supervised practice or developmental support programme an interview is held with the midwife to explore her views and experiences of statutory supervision.</li> <li>• A midwife who had recently undergone a developmental practice programme was asked to complete a feedback form giving her views on the whole experience. (see evidence file).</li> <li>• An annual audit seeking the views and experiences of midwives with regards to Supervision has been performed in 2012/2013 (See evidence file for results)</li> <li>• An <b>action plan has been compiled</b> from the audit results (see evidence file)</li> <li>• Supervisors in ABMU were asked to comment on the draft proposal forms from the LSA on Supervised Practice (see evidence file)</li> </ul>		2012/13 No action planning
<b>LSA Comment on Evidence</b>		Measures: <b>Strong</b> <b>Moderate</b> <b>Weak</b>		
V1	LSA – MET with mostly strong evidence. Recommendations made for development.	<p>An audit of more than 20% of midwives' views.</p> <p>20 midwives + describe supervision as visible and positive.</p> <p>95 to 100% SoMs have obtained 10 reviews which reflect an overall positive outlook for supervision.</p>	<p>At least 10% of midwives' views.</p> <p>10 midwives + describe supervision as visible and positive.</p> <p>90 – 95% SoMs have obtained 10 reviews which reflect supervision in a mainly positive light.</p>	<p>0 audits.</p> <p>Less than 10 describe supervision as visible and positive or describe it as negative.</p> <p>Less than 90% SoMs have obtained 10 reviews and/or supervision is seen in a negative light.</p>
<p><b>LSA commentary</b>                      The summary report of midwives views was helpful. The responses are reported to be from 64 midwives and the LSA team was told this was from 75 questionnaires across the three HB sites. This is a response rate of 85% but views were only sought from 25% of the total midwifery workforce which may not be fully representative. The majority of responses were positive with only 2 areas indicating the need for development. The evidence record above suggests there is an action plan but this was not in the evidence file. The evaluation of a developmental support programme was very positive and described the programme and SoMs as supportive and confidence building.</p>				
<p><b>Recommendations to support continued development</b>                      As in last years recommendation the ABMU SoMs operational plan for supervision should identify how the SoM team aim to increase the circulation and return rate of the audit of midwives views on supervision and how any areas for development will be addressed.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		<b>Result: LHB Record – Strong, Moderate, Weak</b>		
V2	<b>Confidential supervisory activities are undertaken in a room that ensures privacy.</b>	<ul style="list-style-type: none"> <li>• There is a dedicated SoM office in Singleton Hospital on Level 3 of the Maternity Block.</li> <li>• In NPT 4 SoMs have their own private office where supervisory reviews can take place. If for some reason there is need for another dedicated room there is a counselling room that is available for use.</li> <li>• POW 3 SoMs have their own dedicated offices and all meetings on other sites are undertaken in rooms to ensure privacy and confidentiality.</li> <li>• There is regular access to the internet in all of these dedicated rooms as all annual reviews are now conducted electronically.</li> <li>• Midwives are also given the choice to meet off the site where they work to enable privacy.</li> <li>• All interviews regarding any supervisory matter always occur in private.</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>		<b>Measures: Strong Moderate Weak</b>		
V2 <b>LSA – MET with mostly strong evidence.</b>  <b>2012/13 update</b> <b>This standard was not assessed but recommendation from pervious year needs further development</b>	<b>LSAMO was shown a dedicated room where supervisory interviews take place.</b>  <b>There is internet access in the dedicated room to work online and access the LSA database.</b>  <b>20 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</b>	<b>In the main there is a dedicated room or LSAMO can be shown where rooms are made available.</b>  <b>There is no regular access to internet.</b>  <b>10 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</b>	<b>No rooms can be identified or it appears ad hoc.</b>  <b>No internet access.</b>  <b>Less than 10 midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</b>	
<b>LSA commentary</b>  <b>Updated 2012/13</b> In the summary report of 64 responses to the midwives views on supervision there is no reference to issues of confidentiality and privacy per se. However it is accepted that areas which scored highly included SoMs listening and caring about concerns and treating individuals with dignity and respect which may translate into privacy.				
<b>Recommendations to support continued development</b>  <b>Updated 2012/13</b> ABMU SoMs need to consider how they will improve the return rate to obtain a wider sample of views more representative of the HB midwifery workforce as a whole and ensure the issues highlighted above are actually tested to ensure the team are meeting NMC requirements.				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		<b>Result: LHB Record – Strong, Moderate, Weak</b>		
V3	<b>SoMs participate in developing policies and evidence-based guidelines for clinical practice.</b>	<ul style="list-style-type: none"> <li>• All forums and committees that are involved in guideline and policy development have a SoM representative in their dedicated role as a SoM, as opposed to any other managerial/clinical role they may also hold. (see evidence file)</li> <li>• SoMs are actively involved in formulating, updating and amalgamating policies and guidelines within the ABMU Health Board.</li> <li>• Draft copies of policies and guidelines are regularly emailed to SoMs for their comments. (See evidence file).</li> <li>• The SoM secretarial support ensures that the SoM representative list is kept up to date and all forums and committees are covered.</li> <li>• Recent policies SoMs have participated in developing/updating are, Delivering Family and Friends; Perineal Care and Suturing’ i-gel Guidelines, Flexible Deployment Protocol; Working in Collaboration Guidance for Women, Health Professionals and Birth Attendants.</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>		<b>Measures: Strong Moderate Weak</b>		
V3 <b>LSA – MET with moderate to strong evidence. Recommendations made for development.</b>	<b>A clear process that sets out how SoMs are involved in the guideline development group.</b>  <b>Actual guidelines with SoMs named on the guideline as a developer.</b>	<b>There is some evidence that SoMs are involved in guideline development even if this is not a formal process.</b>  <b>Actual guidelines with SoMs named as having been consulted.</b>	<b>There is no evidence that makes reference to SoMs developing or signing off guidelines.</b>	
<b>LSA commentary</b>				
<p>Whilst there was no formal written process on SoMs involvement in policy development and sign off the evidence presented clearly demonstrates that SoMs are regularly involved in devising, commenting on and agreeing appropriate policies. At least one had the title Supervisor of Midwives as a footer to the policy. There were minutes of the W&amp;CH directorate education sub group that identified a SoM as part of the membership and she was present on the minutes for the same group. There was a list of SoM representatives for all of the main forums and committees in the evidence file which is good progress but records of these meetings consistently showing SoM attendance in that role would have strengthened this standard. The LSAMO is aware of policy discussions at bi monthly SoM meetings and the policies themselves are of good quality and essential in supporting midwives in the delivery of safe, effective care. Examples seen were delivering friends and family, i-gel guidelines and flexible deployment.</p>				
<b>Recommendations to support continued development</b>				
<p>SoMs need to consider devising a written process or flowchart that makes clear how supervisors are involved in the policy development and ratification process when the policy relates to midwifery practice. They should continue to ensure if they attend directorate groups where policies are signed off there are written notes that reflect that a supervisor was present and contributed in her role as a SoM.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		<b>Result: LHB Record – Strong, Moderate, Weak</b>		
V4	<b>All midwives have access to documentation of local guidelines and policies in electronic or hard copy.</b>	<ul style="list-style-type: none"> <li>• All policies once ratified are accessible on the intranet on WISDOM.</li> <li>• Midwives have all received email instructions on how to access WISDOM and how to create a shortcut on desktop (see evidence file).</li> <li>• All midwives have access to the intranet and can arrange in house IT training if needed.</li> <li>• Every midwife in ABMU HB All has their own personal work email address.</li> <li>• All midwives at their supervisory review are given written details on how to access the Midwifery Supervision folder which contains useful information, e.g. Supervisory annual report, SoM telephone contact info, the annual review form etc. (See evidence file).</li> <li>• Midwives also have access to hard copies of policies and guidelines in some areas.</li> <li>• There is a laminated reference guide to EFM on all fetal monitors. (See evidence file).</li> <li>• Next to all resuscitaires across the 3 sites there is a current laminated Resuscitation Council UK Guide to Newborn Life Support. (See evidence file)</li> <li>• Policy ring binders are kept in a specific place on some wards and key areas, facilitating instant access if required.</li> <li>• National guidelines and policies, e.g. NICE, are available in paper form and also on the internet.</li> <li>• All ABMU SoMs have set up group emails for their supervisees to disseminate any new and or relevant information to them, e.g. all midwives in ABMU recently received guidance on the use of the new i-gel Laryngeal Mask Airway. (See evidence file).</li> <li>• All midwives in ABMU are also updated on any new information on the Obstetric Skills day, and also have any relevant handouts.</li> <li>• All midwives in ABMU receive a CD ROM containing updates from the Specialist midwives etc. (See evidence file)</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>		<b>Measures: Strong Moderate Weak</b>		
V4	<b>A clear process that shows SoMs lead on communication with midwives when new guidelines are developed.</b>	<b>SoMs may not lead on communication but are clearly involved in a process of communication with midwives when new guidelines are</b>		<b>There is no evidence that SoMs play any part in communicating new guidelines to midwives or ensure they are aware/signed up to.</b>

<p><b>LSA – MET with mostly strong evidence. Recommendations made for development.</b></p>	<p><b>There is a clear process for SoMs to disseminate guidelines and make sure midwives are aware/signed up to.</b></p>	<p><b>developed. SoMs may not do the dissemination but they can show some involvement in midwives sign up/awareness.</b></p>	
<p><b>LSA commentary</b></p> <p>There was ample evidence presented that midwives have easy access to paper and electronic copies of all guidelines and policies. The aide memoir to support discussion at the ASR meeting is good practice and ensures SoMs inform midwives of key information. The other flowcharts/aide memoirs for clinical topics i.e. CTG assessment, NLS etc are also notable. The production of a CD ROM is particularly innovative. There is no evidence in the file or seen at the audit visit that SoMs audit any of the midwives activity in accessing policies and guidelines or demonstrate that they have seen and read them although it is noted that new information is shared at the skills and drills days.</p>			
<p><b>Recommendations to support continued development</b></p> <p>The SoM group is recommended to devise a process on the action all midwives must take to demonstrate that they have read and are familiar with new policy content. The process should also cover random audits by SoMs of individual's knowledge of the process for accessing both written and electronic policies.</p>			

Nos	Criteria for Measurement	Evidence Recorded/Seen	LHB planned Improvement Action
V5	<p><b>Midwives are provided with and attend skills and drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations.</b></p>	<p style="text-align: center;"><b>Result: LHB Record – Strong, Moderate, Weak</b></p> <ul style="list-style-type: none"> <li>• HoM writes to all midwives in ABMU giving clear guidelines as to what constitutes mandatory training for them for the year. (see evidence file).</li> <li>• There is a recognised training and education group within ABMU which is Chaired by SoM JP–GS attends as a SoM and all mandatory and statutory training matters are addressed in this forum. (see evidence file)</li> <li>• A training database is maintained by the CPD leads with secretarial support access. (see evidence file)</li> <li>• SoMs work closely with the Practice Development Midwives.</li> <li>• All Band 7 midwife managers are emailed with a list of the mandatory study days in ABMU HB from the CPD leads (see evidence file).</li> <li>• All Band 7 managers are responsible booking midwives onto the mandatory skills days.</li> <li>• Bookings are made with a dedicated secretarial support person who ensures that numbers are kept to an appropriate level (see evidence file).</li> <li>• All midwives attend annual mandatory multidisciplinary skills and drills days in which various SoMs participate and are recognised trainers.</li> <li>• From April 2013 midwives will be assessed on various skills during this day (See evidence file – NLS)</li> <li>• SoMs and CPD leads provide training and assessment on Breastfeeding guidance, all Obstetric Emergency drills, Fetal monitoring, Neonatal, Maternal and Adult Resuscitation.</li> <li>• Skills and drills training is also focused upon the specific needs of midwives dependent upon their area of work, e.g. Community midwives and those working in a stand alone Birth Unit.</li> <li>• There are opportunities for midwives to attend other courses, e.g. Fetal Monitoring study days, MOET courses, PROMPT, NLS courses; Nursing the critically ill patient. (see evidence file)</li> <li>• During this current year 2 midwives have attended the Resuscitation Council UK 3 day Generic instructors course to become NLS instructors.</li> <li>• SoM DA is attending the PROMPT course in Bristol in June 2013 with the aim of cascading PROMPT training amongst midwives and doctors in ABMU during this year.</li> <li>• All midwives in ABMU are in the process of receiving 1 to 1 instruction on the use of i-gel LMA.</li> <li>• Midwives and doctors in ABMU attended training sessions on the use of Actim Partus prior to its introduction into clinical practice. SoM GS was involved in this training. (see evidence file)</li> </ul>	<p><b>2012/13 No action planning</b></p>

		<ul style="list-style-type: none"> <li>All midwives in ABMU have been provided with information on how to access the RCOG Fetal Monitoring site.</li> </ul>		
	<b>LSA Comment on Evidence</b>	<b>Measures:</b> <b>Strong</b>	<b>Moderate</b> <b>Weak</b>	
V5	<p><b>Updated 2012/13</b>  <b>LSA – MET with mostly strong evidence</b>  <b>Recommendations made for development.</b></p>	<p><b>There is a training record that demonstrates that there is a year on year programme covering all major skills and drills as in CEMACH.</b></p> <p><b>There is a clear record that year on year 95 – 100% midwives have attended skills and drills and been tested successfully.</b></p> <p><b>20+ midwives can describe the skills and drills process, when they last attended and how they were tested.</b></p>	<p><b>There is some evidence to support a record of training but it is not up to date or showing continuous improvement of attendance.</b></p> <p><b>There is a clear record that year on year 90 – 95% midwives have attended skills and drills and been tested successfully.</b></p> <p><b>10+ midwives can describe the skills and drills process, when they last attended and how they were tested.</b></p>	<p><b>There is no training plan to support attendance or improvement in numbers attending.</b></p> <p><b>Less than 90% of midwives have attended mandatory skills and drills in the last year and in previous years.</b></p> <p><b>Less than 10 midwives can describe the skills and drills process, when they last attended and how they were tested.</b></p>
<b>LSA commentary</b>				
<p><b>Updated 2012/13</b>  The evidence file had many examples of training and updating plans for annual skills and drills with a rolling programme for 2012 to 2013, which midwives at the audit visit could describe. It is clear that the HB is committed to the provision of sufficient workshops and SoMs play an active part in delivering the training sessions. The letter from the HoM to all midwives is explicit about what is expected of staff, by when with advice about what to bring to their annual supervisory review in order to demonstrate they have met the NMC and employment requirements. There was evidence this year of monitoring and follow up when individuals had not attended by the beginning of the calendar year to ensure they would be compliant by March 13.</p>				
<b>Recommendations to support continued development</b>				
<p><b>Updated 2012/13</b>  SoMs should ensure that the operational plan for the coming year demonstrates how they will monitor the improvement of attendance at mandatory training year on year and demonstrate that midwives are assessed as competent in emergency skills.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
<b>Result: LHB Record – Strong, Moderate, Weak</b>				
V6 & V7	<p><b>SoMs retain records of Supervisory activities for 7 years. Rule 12.</b></p> <p><b>Supervisory records are stored in such a way as to maintain confidentiality. Rule 12.</b></p>	<ul style="list-style-type: none"> <li>• All supervisory records are retained in a secure environment for the required period of time in 2 sites, POW and Singleton.</li> <li>• In Singleton the records are kept in the dedicated SoM office and in POW they are kept in the Deputy HoM's office.</li> <li>• Each midwife has an individual supervisory file.</li> <li>• All files are stored in a filing cabinet under lock and key.</li> <li>• Any files which are removed must be treated in confidence and SoM secretary ensures that file is returned to the cabinet.</li> <li>• SoMs are recommended not to keep confidential information on their computers or memory sticks after completion.</li> <li>• All memory sticks have to be encrypted and comply with ABMU HB standards. (see evidence file)</li> <li>• The information is also stored on the LSA database which is limited to password access by SoMs.</li> <li>• All records of supervisory activities are kept for 7 years.</li> <li>• Since the introduction of the LSA database, all SoMs are encouraged to store all records of supervisory activities electronically on the data base.</li> <li>• From April 2013 it is intended to commence an examination of all paper data to ascertain if any information can either be destroyed or transferred to an electronic format.</li> </ul>		2012/13 No action planning
<b>LSA Comment on Evidence</b>				
<p>V6 &amp; V7</p> <p><b>LSA – MET in line with strong evidence</b></p> <p><b>No development action suggested.</b></p> <p><b>This standard was not assessed</b></p>		<p><b>Measures: Strong</b></p> <p><b>There is a clearly marked and dedicated area for the storage of supervisory records that are not part of any other HR files.</b></p> <p><b>It can be demonstrated that these records go back at least 7 years.</b></p> <p><b>SoMs can describe the process they would undertake if they had difficulty storing records locally.</b></p>	<p><b>Moderate</b></p> <p><b>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.</b></p> <p><b>Cannot show that records go back for 7 years.</b></p> <p><b>SoMs can describe some part of what they would do if they had difficulty storing records locally.</b></p>	<p><b>Weak</b></p> <p><b>There is no dedicated area and supervisory files are mixed with management/HR files which are accessible to others.</b></p> <p><b>There is limited or no backlog of records.</b></p> <p><b>SoMs are unable to describe adequately what they would do if they had difficulty storing records locally.</b></p>

**LSA commentary**

This was a strong area of compliance with no concerns raised by SoMs. The LSA MO has been 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 is 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 Improvement Action
<b>Result: LHB Record – Strong, Moderate, Weak</b>				
V9	<b>Regular meetings of SoMs are convened to share information and proceedings are recorded.</b>	<ul style="list-style-type: none"> <li>• SoM meetings are convened every 6 - 8 weeks (see evidence file).</li> <li>• Dates and times are agreed yearly in conjunction with all SoMs</li> <li>• Meetings are generally held in the afternoon for ease of attendance Meetings are held at present in Neath Port Talbot Hospital for ease of parking and access.</li> <li>• Individual difficulties with attendance due to workload are addressed at the end of the year and rectified if possible</li> <li>• All attendees are listed, as per the specified Terms of Reference.</li> <li>• There is an agenda agreed with the SoMs and compiled by the chair person and the SoM secretary.</li> <li>• Agenda items are listed in a new format to reflect the LSA standards for supervision. (see evidence file).</li> <li>• Minutes are taken by the SoM secretary and distributed to all SoMs via email. (see evidence file).</li> <li>• Any action points are followed up by the Contact SoM and the SoM secretary to ensure completion.</li> <li>• The LSA MO is invited to all meetings.</li> <li>• There is regular feedback following every Contact SoM meeting – this is usually by the Contact SoM or a deputy.</li> <li>• The ABMU HB SoM Operational Plan is discussed at every meeting and is updated by the SoM secretary (see evidence file).</li> <li>• Various other guest speakers such as SD who is the Lead MW for Education, Swansea University are invited to attend from time to time. PB to invite one of the CPD Leads to next meeting. (see evidence file)</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>				
<b>LSA – MET in line with strong evidence.</b>  <b>2012/13 Updated Recommendations made for development.</b>		<b>Measures: Strong</b>  <b>There are clear records of meetings with ToR and a plan of activity/agenda setting.</b>  <b>Attendees are clearly recorded and there is 70 – 75% attendance at all meetings.</b>  <b>There is a clear process for dissemination of minutes and assigning actions to SoMs.</b>	<b>Moderate</b>  <b>There are records of meetings but there is no clear process for setting the agenda or ToR for the group.</b>  <b>Attendees are recorded and there is a 50 – 70% attendance at all meetings.</b>  <b>There is a process for distributing minutes but how and by whose actions are to be achieved is less</b>	<b>Weak</b>  <b>There is no auditable trail of minutes, no ToR or clear plan for agenda setting.</b>  <b>Regularly seems to be less than 50% attendance at all meetings.</b>  <b>There is no process for distributing minutes or assigning actions to SoMs.</b>

	<b>100% of SoMs interviewed could describe all of the above.</b>	<b>clear. 75% of SoMs interviewed could describe all of the above.</b>	<b>Less than 50% of SoMs interviewed could describe all of the above.</b>
<b>LSA commentary</b>			
<p><b>Updated 2012/13</b>  The HB supervisory team have developed a strong network of supervisors who meet regularly. SoM meetings would still benefit from more robust challenge to demonstrate the effectiveness of SoMs in their advocacy role. There is still a need to see more discussion in relation to SIs that are in line with LSA reporting to make sure there is a clear distinction between supervision and management action, both of which have appropriate action plans that are then monitored for progress at each supervisors meeting. The minutes are a useful record of discussion and are shared in a timely manner. The evaluation by SoMs of communication at SoM team meetings is an example of good practice that now needs a specific action plan to develop the areas of concern identified. The operational plan needs further development which would provide an opportunity to address the effectiveness of the SoM team meetings.</p>			
<b>Recommendations to support continued development</b>			
<p><b>Updated 2012/13</b>  The team need to continue monitoring attendance of numbers at each meeting but also appropriate sharing of the workload. If work commitments continually prohibit the same individuals from attending this should be considered and plans put in place to support all SoMs to contribute to the team agenda and take an active part in the supervisory work plan. The operational plan needs to be completed and updated to include an action that ensures all SoMs feel they have a voice and their views are valued.</p>			



Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
<b>Result: LHB Record – Strong, Moderate, Weak</b>				
V11	<b>Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies.</b>	<ul style="list-style-type: none"> <li>• The clinical governance framework in ABMU HB comes under the umbrella title of Quality &amp; Safety.</li> <li>• This is divided into different groups including, PPI, audit, risk management, training and education.</li> <li>• The terms of reference for each group ensures reflects robust SoM input as there is a dedicated SoM representative.</li> <li>• SoM MD sits on PPI and audit and GS sits on Training and Education and Risk committees. They are there to represent the statutory supervision of midwifery and not in any other role. SoM secretary has compiled a list of all the committees and forums that meet within ABMU to ensure that a SoM is there to represent supervision. (See evidence file).</li> <li>• There is now a Risk Management newsletter (see evidence file) – it is intended that there will be a section specifically on Supervision and close collaboration between SoMs and risk management team.</li> <li>• If a combined management and supervisory investigation is being held into a clinical incident, they are usually run in tandem if at all possible to prevent duplication of obtaining evidence and to keep within a more timely framework, and to increase collaboration between management and supervision.</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>		<b>Measures: Strong Moderate Weak</b>		
V11 <b>LSA – MET in line with moderate to strong evidence. Recommendations made for development.</b>	<p><b>There is a clear written policy within the clinical governance department that takes account of the interface between CG/SoM teams.</b></p> <p><b>There are regular minutes of meetings where SoMs are present in their supervisory capacity and demonstrate their input to the clinical governance agenda.</b></p>	<p><b>There is no written policy but CG managers are able to describe what SoMs do and how they currently contribute to the CG agenda.</b></p> <p><b>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.</b></p>	<p><b>There is no clear evidence that the CG team recognise SoM and they cannot articulate clearly where the interface would be.</b></p> <p><b>There is no evidence that a SoM attends any CG committee in her own right even if she is there with 2 hats.</b></p>	

**LSA commentary**

This standard has developed from the last audit visit particularly with the appointment of a Risk Midwife. There was evidence that SoMs do contribute to the wider clinical governance agenda within the W&CH directorate with a list of SoM representatives for all of the main forums and committees in the evidence file which is good progress but still some development needed on records of these meetings consistently showing SoM attendance in that role. It was also noted that membership of the sub groups remains limited to senior managers who are SoMs but this limits opportunities for development and exposure of more clinically based SoMs to the wider governance agenda, even in a shadowing role. The LSA team did not meet anyone from the corporate risk department but did spend some time with the Risk Midwife who is just completing her training to be appointed as a SoM. It is clear that the Risk Midwife is focused on integrating management and supervisory investigations and sharing the lessons from both as she felt this practice was not well bedded in. The risk management newsletter was very informative with an emphasis on sharing information and lessons learnt. The LSA were advised that in future the newsletter will include a section on statutory supervision and its links with risk management. From LSA observation there has been some closer working on investigation interviews but further work is needed to ensure there are two individuals working together in tandem but from their different perspectives who come to timely conclusions at the same point in time to guard against potential conflict of interest.

**Recommendations to support continued development**

The SoM team should ensure that when a SoM attends any forum in her supervisory capacity she is recorded as being there in that capacity regardless of any other role she holds as supervision brings a different perspective. Experienced SoMs who are senior managers should consider ways to share knowledge with, and provide opportunity for exposure to other SoM colleagues to ensure wider views are expressed as well as to allow for personal development. Supervision needs to focus on working jointly with risk management as appropriate during investigations in relation to midwifery practice matters to minimise duplication whilst retaining the distinct and separate roles and purpose of supervision.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
<b>Result: LHB Record – Strong, Moderate, Weak</b>				
V12	<b>An interface between supervision &amp; risk management is evident in the investigation of critical incidents.</b>	<ul style="list-style-type: none"> <li>• There is a strong interface between supervision and risk management.</li> <li>• All serious clinical incidents are entered onto the DATIX system.</li> <li>• All these clinical incidents are reviewed daily by the lead midwives in each site.</li> <li>• Incidents are discussed at a clinical risk meeting which is held about every 4 weeks.</li> <li>• A SoM is part of the risk group and attends meetings in her capacity as a SoM</li> <li>• Any supervisory issues are then identified and appropriate action agreed upon.</li> <li>• Any reports or information from the LSA are discussed at these meetings and form a standing agenda item. (see evidence file)</li> <li>• If relevant and appropriate SoMs will undertake a clinical or supervisory review of the notes or a supervisory investigation.</li> <li>• All reviews of clinical incidents with their action plans are entered on DATIX and discussed at the risk meeting if appropriate, any further action is then agreed upon by the group.</li> <li>• If a RCA is undertaken by the Clinical Governance Unit, a SoM is appointed to provide the midwifery input if relevant.</li> <li>• SoMs had the opportunity to attend the LSA annual workshop which addressed many medico legal situations and was led by Solicitor Andrew Andrews. (see evidence file)</li> <li>• SoMs also organised an ‘in house’ workshop in conjunction with ABMU Legal and Redress Dept. and the LSA MO was invited to this day. The primary focus of this study day was not only to increase SoMs knowledge, but to improve and strengthen the interface between risk management and supervision. (see evidence file)</li> <li>• A study day for midwives and doctors is being organised by the SoM team this will be focusing on various aspects of Clinical Governance and DATIX in order to highlight major themes and create a better understanding of the system. (see evidence file)</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>		<b>Measures: Strong Moderate Weak</b>		
V12 <b>LSA – MET in line with moderate to strong evidence. Recommendations made for</b>	<b>There are clear TOR for the review of SIs that includes the need for SoMs to be involved</b>	<b>There are no written TORs for SoMs to be part of the SI review meetings but CG personnel and SoMs can describe that this happens.</b>	<b>There is no recognition that SoMs need to be part of the SI review process.</b>	

development.	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 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 evidence that SoMs are included in SI review meetings and there is no process for them to share lessons with the midwifery team.
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**LSA commentary**

It is evident the SoM team have done a lot of work on this standard and the appointment of the Risk Midwife will further enhance joint working. As in standard 11 the LSA has observed some evidence of closer working on investigation interviews but further work is needed to ensure there are two individuals working together in tandem but from their different perspectives rather than investigations being mainly management led with supervision coming in somewhat later to the process. The joint workshop with the Putting Things Right team was an excellent and informative day which was well attended and gave an opportunity for SoMs to better understand the risk management system. It would have been strengthened from the supervisory perspective by an exchange of information from SoMs about their role and how working together could improve the quality of investigations for all concerned. Again the risk management newsletter would seem to offer the potential to strengthen closer working and sharing of information between management and supervision.

**Recommendations to support continued development**

SoMs need to focus on being more proactive in case reviews following a critical incident as this would enable them to identify the need for a supervisory investigation and be appropriately involved in a joint investigation process with management rather than doubling up on their role or coming to the table once the management investigation has progressed. The evidence file would be strengthened with the addition of minutes of MDT meetings where SI cases are reviewed and SoMs can demonstrate their contribution to the process in regard to suboptimal midwifery practice. This would also enable timely support for restoring midwives which can be done jointly with capability if indicated.



	<p><b>outcomes of an SI has been audited to ensure it has made an improvement.</b></p> <p><b>20+ Midwives at ward level can describe the process and a recent practice change.</b></p>	<p><b>for success.</b></p> <p><b>10+ midwives at ward level can describe the process and a recent practice change.</b></p>	<p><b>Less than 10 midwives can describe anything like a process for sharing outcomes of SI and how these influence practice change.</b></p>
<p><b>LSA commentary</b></p> <p>The evidence file contained a lot of information relating to the background work carried out to influence practice change following incidents i.e. literature review of Intelligent Intermittent Auscultation (IIA), RCM evidence based guidelines on IIA, the CALMY model and CTG sticker all of which is commendable work. However it does not evidence practice change and audit to ensure change has taken place for the better. The risk management newsletter is a good resource for sharing of information and the addition of learning from supervisory investigations will strengthen this further.</p>			
<p><b>Recommendations to support continued development</b></p> <p>As with the previous audit SoMs need to ensure any work they do under the auspices of supervision is badged as such and should continue to liaise with the LSA when midwifery practice issues are identified. SoMs need to ensure there is clear evidence of actual practice changes which are planned and implemented and that includes the timeline for evaluation and evidence of audit to show that they have contributed to maternity service improvement.</p>			

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
<b>Result: LHB Record – Strong, Moderate, Weak</b>				
V14	<b>Audit of record keeping of each midwife's records takes place annually. Rule 9.</b>	<ul style="list-style-type: none"> <li>• All SoMs undertake an annual record keeping audit. (see evidence file)</li> <li>• Every midwife is asked to audit 2 sets of case notes. The proforma was devised by the SoMs with the help of the secretarial support.</li> <li>• The audit is conducted by the SoMs and with identified midwives in each site to organise and oversee the process.</li> <li>• The proforma was formulated to enable more meaningful and accurate data to be collected and analysed.</li> <li>• The questions also enable WRP data to be collected and analysed.</li> <li>• The results are analysed electronically by the Audit dept.</li> <li>• Results are disseminated back to the midwives on the mandatory skills days and ward managers meetings.</li> <li>• All SoMs are emailed a copy of the results of the annual record keeping audit.</li> <li>• All midwives are also provided with a sheet containing a summary of the results for this year and the previous years.</li> <li>• The sheet also contains specific record keeping issues where improvement needs to be made.</li> <li>• This sheet is discussed at the annual supervisory review.</li> <li>• Precise action plans are to be formulated from the results and fed back to midwives.</li> <li>• SoMs have agreed to highlight themes from the record keeping audit at the legal study day planned for midwives and doctors in May 2013.</li> <li>• Record keeping to be included in Skills Day and basic audits are carried out as part of new Pyramid Scheme. (see evidence file).</li> <li>• This year's record keeping audit to commence in the summer rather than wait until the end of year.</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>		<b>Measures: Strong</b>	<b>Moderate</b>	<b>Weak</b>
V14	<b>LSA – MET in line with strong evidence. Recommendations made for development.</b>	<b>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.</b>	<b>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.</b>	<b>There is no process in place nor is it clear how often, by whom and by what means auditing takes place.</b>

	<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 a review.</p> <p>20+ midwives can describe each of the steps above and can talk about practice change as a result.</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 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 strong evidence that record keeping audits take place on both a HB wide and individual basis. The presentation on record keeping audit findings, areas for improvement with recommendations and the detailed action plans were exemplary as was the fact that this information is shared with the multi disciplinary team not just one profession. There was evidence within the action plans that ABMU SoMs are involved in leading on improvement and every midwife receives a letter from the head of midwifery advising them of what they each need to do before having their annual supervisory review with their SoM and how lessons learnt from the record keeping audit will be discussed with them individually. The summary of audit findings, with year on year comparisons is another example of good practice in this important area of clinical practice. Midwives met during the audit visit were clear about the process for record keeping and had taken part. The production of the Supervision resource book for new starters also included the summary report on record keeping with a three year trend analysis so new midwives are aware from the outset of the importance given to this matter.

**Recommendations to support continued development**

It would be helpful to see some evidence of action plans devised as a result of SoM findings from the annual supervisory review process having asked midwives to identify learning needs as the trends and themes could inform future training plans.



	<p><b>The HB website has information on the role of the SoM and how to make contact with her.</b></p> <p><b>There is evidence that the annual report is shared with user forums such as MSLC and across the organisation up to Board level. 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.</b></p>	<p><b>There is reference to SoM on the website but no further detail.</b></p> <p><b>The annual report has been shared with the Board but limited evidence that it has been shared more widely. 10 + midwives are aware of the LSA newsletter and can describe how useful/relevant it was to them in their practice.</b></p>	<p><b>SoM is not referred to on the HB website.</b></p> <p><b>The annual report has only been shared with the Board if at all.</b></p> <p><b>Less than 10 midwives are aware of the LSA newsletter and can describe how useful/relevant it was to them in their practice.</b></p>
<p><b>LSA commentary</b></p> <p>A well evidenced standard with obvious commitment by SoMs to raise the profile of supervision with midwives and users. The newly developed Supervision resource book for new starters is excellent as was the small scale Qualitative study of women’s experiences of early antenatal care by the student SoM. The HB website has a link to the SoMs page and the use of other social media resources is good practice. Client, SoM and midwife information boards were visible in all areas visited with information on supervision and why you may contact a SoM. The ABMU HB has a well developed MSLC and SoMs play an active part in meetings. The LSA team conducted the audit supported by the MSLC chair who 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 notice boards and all SoMs and some of the midwives interviewed during the visit could describe its purpose. There have been 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 using the SBAR communication tool. The client information booklet, ‘Where will I have my baby’ contains a dedicated page for supervision and with a link to the NMC website for further detail which was another example of good practice. The LSAMO has conducted the first Pyramid visit since the annual audit and was most impressed with the orderliness of ward 18, the knowledge and attitude of staff and the feedback from women which was, without exception, positive and complimentary.</p>			
<p><b>Recommendations to support continued development</b></p> <p>There are no recommendations for development.</p>			

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		<b>Result: LHB Record – Strong, Moderate, Weak</b>		
V16	<b>SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety.</b>	<ul style="list-style-type: none"> <li>• There is a Health and Safety Forum which feeds into the risk management group.</li> <li>• All community midwives have a designated booklet which itemizes each piece of necessary equipment.</li> <li>• The booklet also specifies the layout of their equipment bag to ensure standardisation across the HB.</li> <li>• This equipment list was updated in February 2013.</li> <li>• An i-gel Laryngeal Mask Airway was added and Laryngoscope and Guedel removed.</li> <li>• All community midwives have their bags and equipment checked at their annual review and their booklet signed.</li> <li>• All community midwives also have to have their relevant equipment such as weighing scales, Entonox and Doppler checked by EBME on a regular basis and this is checked by the SoM at their annual review.</li> <li>• The Contact SoM and SoM LO will compile a report on ABMU HB compliance with checking community equipment.</li> <li>• All resuscitaires across the HB have agreed equipment content and are checked on a regular basis. (see evidence file)</li> <li>• An audit is performed on the checking procedure.</li> <li>• Resuscitaires in POW are on the “At Risk” register as they do not comply with the new guidelines issued by the Resuscitation Council 2010.</li> <li>• SoMs lead in all aspects of Fetal Monitoring within the HB. The Contact SoM has compiled a Fetal Monitoring Guideline which has been laminated and attached to every resuscitaire on each site.</li> <li>• A new Intrapartum CTG sticker has been introduced for use every hour with continuous fetal monitoring to ensure NICE Intrapartum Guidelines are adhered to.</li> <li>• An Antenatal CTG sticker is being introduced to ensure that antenatal traces are assessed according to NICE Guidelines. (see evidence file)</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>		<b>Measures: Strong Moderate Weak</b>		
V16	<b>LSA – MET in line with moderate to strong evidence. Recommendations made for development.</b>	<b>There is a clear policy on how SoMs are involved in devising processes for checking equipment at ward level and for community midwives.</b>	<b>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.</b>	<b>There is no process and SoMs are not able to articulate how this is done or the frequency at which it happens.</b>

	<p><b>There is evidence of frequent year on year checking of equipment both for availability and safe maintenance.</b></p> <p><b>There is evidence that SoMs are involved in devising and monitoring CTG training, scoring and regular good practice.</b></p>	<p><b>There is some evidence that SoMs do check equipment both for availability and safe maintenance but this is not consistent.</b></p> <p><b>There is some evidence of SoM involvement in monitoring CTG training, scoring and regular good practice but it is not consistent.</b></p>	<p><b>There is limited or no evidence to support that SoMs do check equipment at ward or community level.</b></p> <p><b>There is limited or no evidence that SoMs are involved in monitoring CTG training, scoring or regular good practice.</b></p>
<p><b>LSA commentary</b></p> <p>The proformas for community midwife equipment are a good guide for midwives on what they should carry and remind them of their accountability for checking and servicing their equipment. It would have been helpful to see some completed examples of these proformas and any action taken by SoMs if issues are identified. Similarly the evidence presented for resuscitaire equipment is not direct evidence of the SoM role in completing such action, monitoring compliance or devising the proforma as it is signed off by a paediatrician which was noted to have been due for review in April 2012. However during ward visits by the LSA evidence has been seen that regular checking does take place and is signed for. The log of CTG training using the K2 package demonstrates year on year activity and indicates that this activity is monitored. A written process to include SoM involvement in training and action taken by SoMs when midwives do not achieve success or even attempt assessment would be helpful. There was ample evidence of SoM involvement with CTG use including the 'fresh eyes' policy and sticker for reviewing CTGs in the labour ward and the aide memoir CALMLY to support more intelligent intermittent auscultation of the fetal heart which are examples of good practice that supervisors seem to have led on.</p>			
<p><b>Recommendations to support continued development</b></p> <p>A summary report on CTG activity and dissemination of lesson learning from this important activity would be a useful addition to the evidence for this standard. Examples of completed equipment checks and any action plans as a result of findings would also be helpful for future audits.</p>			

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		<b>Result: LHB Record – Strong, Moderate, Weak</b>		
V17	<b>SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services.</b>	<ul style="list-style-type: none"> <li>• Activity levels are recorded on a 4 hourly basis when the Unit is at average activity and more frequently when the activity is rising.</li> <li>• NPSA Scorecard demonstrates other Governance activity on a 4 hourly basis which complements the acuity data.</li> <li>• Rising acuity will trigger the escalation procedures.</li> <li>• In times of escalation the acuity score is a vital means of communicating the needs of the Service to SoMs and managers. (see evidence file)</li> <li>• The LSA are alerted of Unit closures via the appropriate alert form on the LSA database.</li> <li>• Lack of or inadequate equipment for midwives which may compromise patient safety is also highlighted and put on the at risk register.</li> <li>• Any relevant issues regarding staffing levels that have been reported to the SoM on call are logged via an SBAR form and discussed at SoM meetings.</li> <li>• A community midwife highlighted to a SoM that the difficulty in finding addresses in unknown areas – this has now been addressed by SAT NAVs having been ordered and will be available in each site for community midwives to use. Also all community midwives are being provided with A-Z's. (see evidence file)</li> <li>• Community midwives have their bags checked at their annual supervisory review to ensure that they have all equipment necessary and any deficits are addressed at the time.</li> <li>• Newly employed midwives are given a copy of the Escalation Policy including the Jump Call during their Induction period.</li> </ul>		<b>2012/13 No action planning</b>
<b>LSA Comment on Evidence</b>		<b>Measures: Strong Moderate Weak</b>		
V17 <b>LSA – MET in line with moderate evidence. Recommendations made for development.</b>	<b>Minutes of SoM meetings demonstrate discussion in relation to staffing issues or other patient safety risks.</b>  <b>There is evidence of action plans that SoMs have devised to support midwives in maintaining safe practice and outcomes are</b>	<b>Minutes of meetings shown some discussion regarding safe staffing levels etc. but it is less clear what action will be taken as a result.</b>  <b>There is evidence of action planning but these are not robust and outcomes are not well defined.</b>	<b>There is no evidence that such matters are discussed by SoMs in their meetings.</b>	

	<p><b>clear as a result.</b></p> <p><b>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.</b></p>	<p><b>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.</b></p>	
<p><b>LSA commentary</b></p> <p>The discussions heard at SoM meetings and the minutes do demonstrate some dialogue regarding staffing and other safety issues. There are SoM SBARs for high risk women choosing to birth in a low risk area and more recently evidence of a risk assessment for community midwives needing to attend homebirths out of area being provided with A-Z and Sat Navs. The LSA MO and the contact SoM meet quarterly with the head of midwifery and half yearly with the nurse director and particular issues of concern would be raised in these forums or ad hoc as required. The practice of writing a management summary report following a supervisory case review or investigation is now improving as there has been a greater emphasis on two distinct reports and functions in year. The timeliness of report writing and feedback to the HoM needs further work.</p>			
<p><b>Recommendations to support continued development</b></p> <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 ABMU 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.

## Healthcare Inspectorate Wales LSA

### Programme for Annual Audit of Standards for Supervision of Midwives

**Date:** Thursday, 21<sup>st</sup> February 2013

**Location:** Princess of Wales Hospital, ABMU Health Board

No.	Time	Activity
<b>1</b>	<b>09.00</b>	<b>Arrival &amp; Coffee</b>
<b>2</b>	09.15	<p>Introduction from the LSA review team</p> <p>LSA MO presentation to set out the purpose of the revised audit of supervision and the future direction of supervision set out by the NMC</p> <p>To be invited – Director of Nursing  Head of Midwifery  Clinical Director  Contact SoM  Local SoMs  Corporate Risk Manager  Administrative support for supervisor of midwives</p>
<b>3</b>	09.30	<p>20 minute overview presentation from local SoMs to include;</p> <ol style="list-style-type: none"> <li>1. Summary of local annual report and operational plan 2012-2013</li> <li>2. Examples of Good Practice</li> <li>3. Examples of local profile of supervision</li> <li>4. Key information for the local annual report for 2012-2013</li> </ol> <p>Direction of travel for local SoM team with suggested operational plan for 2013-2014</p>
<b>4</b>	10.30	Coffee
<b>5</b>	10.45	<p>LSA review team to meet with Corporate Risk Manager (Team 1)</p> <p>LSA review team to meet with PPI leads, MSLC Chair and review examples of SoMs user engagement (Team 2)</p>
<b>6</b>	11.15	<p>LSA review team to meet with Clinical Director (Team 1)</p> <p>LSA review team to meet with student midwives, practice educators, midwife mentors (Team 2)</p>
<b>7</b>	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.
<b>8</b>	<b>13.00</b>	<b>Lunch</b>
<b>9</b>	13.30	LSA Review team to verify evidence within the clinical environment
<b>10</b>	15.00	LSA Review team to summarise findings and draft information for report
<b>11</b>	16.00 to 16.15	Feedback to HoM and others, overview of day and next steps

## Appendix B

### List of Participants in the Annual Audit process – ABMU HB

**Director of Nursing** – Victoria Franklin

**Head of Midwifery/SoM** – Cathy Dowling

**Deputy HoM/SoM** – Jane Phillips

**Contact SoM** – Gwynneth Singh

**Risk Manager/St SoM** – Wendy Sunderland-Evans

**SoM Admin. Support** – Pat Beresford

**Doula/MSLC Chair** – Kath Harbisher (to join LSA Review Team)

**SoMs Present** – Liz Rees, Caroline Penhallurick, Sarah Fox, Lesley Owen, Carolyn Williams, Anne Lang, Kath Thomas, Dawn Apsee, Jayne Cockwell.

### Met by the LSA Team

**Clinical Director** – Myriam Bonduelle (telephone conference)

**Patient Experience** – Paul Jones

**MSLC SoM Rep** – Liz Rees

**Other Users:** LS

**Lead Midwife for Education** – Susanne Darra

**Student Midwives:** 1 x 1<sup>st</sup> year; 1 x 3<sup>rd</sup> year and 1 x 18mths.

**Practice Educator** – Sarah Partridge