



Hywel Dda Local Health Board

Annual LSA Audit

● ● ● ● ● ● ●

2012-
2013

August 2013

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications and Facilities Manager
Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED**

Or via

Phone: 029 20 928850
Email: hiw@wales.gsi.gov.uk
Fax: 029 20 928877
Website: www.hiw.org.uk

Contents

1	Executive Summary.....	3
2	Introduction	4
3	Audit Findings	5
4	Evidence Tool with LSA commentary and recommendations ...	8
5	Conclusion.....	32
6	Appendices.....	33

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. For Hywel Dda HB there was one standard in addition to the nine others which was unmet in 2011-12 and has therefore been subject to audit this year. This current audit showed that 11% (1) of the criteria for the nine standards measured were met with strong evidence and no development action is suggested. A further 33 % (3) were met with strong or moderate to strong evidence and recommendations are made for further development. The remaining 55% (5) were met with moderate or weak evidence and development actions have been recommended to strengthen the supervisory function. The one standard which was unmet in 2011-12 was met with weak evidence and progress will be kept under review.

Recommendations are given against areas where development is required within the audit tool to support the SoMs in Hywel Dda 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.

This report will be published on the Healthcare Inspectorate Wales website in due course subject to translation at www.hiw.org.uk.

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 Hywel Dda HB, took place on 28/01/2013 as planned. Key personnel were invited to attend as well as the HB supervisory team (**Appendix A – Programme**). It was unfortunate that some key personnel were either not available to attend or had not been booked. This included the corporate risk manager, the clinical director, student midwives and HEI representative. However alternative arrangements were made on the day for the LSA MO to speak to a senior obstetrician. The Nurse Director had previously sent her apologies but was represented by the Associate Director of Midwifery.
- 2.4 The audit was conducted by Vinny Ness LSAMO supported by Dawn Kelly, an experienced SoM from ABMU HB, Julie Austin and Trisha Chan, Student SoMs from ABMU and Cardiff & Vale UHB and Sam Howells 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 Hywel Dda 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 SoMs, midwives, student midwives and service users/lay representatives. (**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 Hywel Dda HB and from meeting with the Associate Director of Midwifery, SoMs, midwives and service users.
- 3.2** The audit visit unfortunately lacked the attendance of some key personnel who could validate the progress of multi disciplinary working especially between the corporate governance team and SoMs. Equally, owing to activity levels in the clinical area on the day the LSA team did not get to see as many midwives as they would have liked. After the initial session it was difficult to gather consistent evidence and views as the morning was disjointed by SoMs looking for further evidence to enhance their presentation. The evidence file presented to support the visit was not as comprehensive as last year and owing to gaps in evidence on the day was less easy to follow. Some further evidence was submitted to the LSA upon request following the visit.
- 3.3** The LSA MO has had opportunity to work with the SoM team throughout the year and has observed some excellent individual and team work in each of the counties. There remains work to be done in forming a cohesive supervisory team that works consistently to share best practice across Hywel Dda HB rather than duplicating work in the three counties model. Despite ongoing challenges to staff time and restrictions on travel resources there has been an increased focus on attendance at bi monthly SoM meetings thus beginning to strengthen the role of supervision, particularly in its contribution to the wider governance agenda. There continues to be some confusion between the SoM role and its 'fit' with the individual's substantive role which has, on occasions led to potential or possible conflict of interest between management and supervision.
- 3.4 Positive elements and examples of good practice identified during the review included:**
- The facilitation by SoMs of two learning events, CTG Interpretation and Intrauterine Growth Assessment, linked to learning outcomes following supervisory investigations was notable and demonstrates the HB openness and insight into the importance of learning from untoward events.

- The 'Pathway through normal maternity services – Make every contact count' document is an excellent resource for midwives at all levels to use as an aide memoir of what should be done when. The links within this document to other important documents is particularly helpful.
- The Postnatal Care Record is another excellent example of good practice to support new mothers and their families as well as guiding those providing their care. The user satisfaction survey and questions will support data collection in line with the Maternity Strategy. It was good to see reference to the SoM and advertising for membership of the MSLC.
- A SoM received a great accolade in being awarded the RCN Midwife of the Year for her work in delivering education and training programmes to paediatricians, midwives and healthcare support workers on Neonatal Life Support, thus enhancing clinical practice as well as raising the profile of supervision.

3.5 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.
- Hywel Dda SoMs should continue the focus on developing greater cohesion across the supervisory team HB wide and seek opportunities to share expertise and knowledge between each county. Attendance at bi monthly meetings should be improved for some SoMs.
- 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.

3.6 Recommendations to support continued development

Recommendations to support the Hywel Dda SoM team in taking forward improvements to the supervisory function have been identified under each of the NMC standards that were subject to audit 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 developed from the previous year where action planning was variable in demonstrating SMART actions that would contribute to continuous improvement. The SoMs had devised a good supervision operational plan

but it was not completed with achievements and progress. However this is a good foundation for the coming year and should include development actions identified from this years LSA audit visit.

- 3.7** Details underpinning the recommendations are outlined in section 4 under LSA commentary and recommendations in the audit tool. Hywel Dda SoMs have fourteen standards where further 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 and meet the team competency requirements.

4 Hywel Dda Health Board Self Assessment Tool and LSA MO Feedback on Recommended Action

Nos	Criteria for Measurement	Evidence Recorded/Seen Result: LHB Record – Strong, Moderate, Weak	LHB planned Improvement Action
V1	Midwives' views and experiences of statutory supervision are sought.	<p><i>Questionnaire Audit tool in evidence file which shows a positive response to supervision.</i></p> <p>2012/13 SoM evidence</p> <p>Further audits have been undertaken across the three sites with a unified questionnaire. Audit result collated and action plan put in place for discussion at Hywel Dda SoM meeting and disseminated to the Midwives</p> <p>All SoM's are aware of the need to audit supervisory practice. This has been supported by the use of the questionnaire – midwives views of supervision. All SoM's have encouraged at least 50% of their supervisees to complete these to gain feedback.</p> <p>Comments to date have primarily been positive with midwives providing support that supervision is visible and active.</p> <p>All midwives audited had meet with their SoM in the last twelve months. All were familiar with the local SoM guidelines. All had been to professional updating. All felt that the annual review was of benefit</p> <p><i>"Positive and proactive"</i></p> <p><i>"It is a support system for midwives and a way to look at professional needs development and any issues you want to discuss"</i></p> <p><i>"To ensure you are updated with practice, record keeping up to acceptable standards. Identify gaps in knowledge"</i></p> <p><i>"Having short discussions on a regular basis would be helpful and remind people about the role"</i></p> <p><i>"I am aware of the on call but I am not certain how supervision works in other ways".</i></p>	<p><i>To continue to maintain a supportive and proactive approach to supervision.</i></p> <p>2012/13 No new action planning</p>
	LSA Comment on Evidence	Measures: Strong Moderate Weak	

<p>V1 Result:</p> <p>2012/13 LSA –MET with weak evidence which is a decrease from last year.</p> <p>Recommendations made for development.</p>	<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>LSA commentary</p> <p>During the audit visit the team were told that there had been 40 responses from 195 midwives. However the evidence presented in the audit file does not support the suggested increased activity for this standard as it contained a summary report from 8 responses to an audit of midwives views gathered in 2012 from Ceredigion only, plus two other responses dated 2011 which were not included in the LSA evaluation. The Ceredigion response represents 4% of midwives which was down on 2011 evidence of 28 midwives or 15%. The views that were presented were positive about the visibility and approachability of SoMs and respondents saw supervision as a support mechanism for women and midwives. There was a request for more learning/discussion forums if time allowed and more protected time for SoMs and midwives to work together. The audit team met midwives and students in the clinical area and there was some confusion about how the SoM on call rota worked i.e. whether there was a SoM on call in each county or HB wide</p>			
<p>Recommendations to support continued development Updated 2012/13</p> <p>This was a disappointing result for this standard where there was a recommendation for development made last year. The self assessment narrative above suggests there would be a marked improvement on the evidence submitted in 2011 but was then omitted from the evidence file. The action plan referred to was not available at the audit visit. As the LSA commented last year the Hywel Dda SoMs should make a determined effort to draw up a programme of audit that includes working towards gathering at least 50% of midwives views over the coming year. These should be equally from across the three sites of Hywel Dda and the outcomes should be presented in a composite report with some clear suggestions for action if there are less positive responses from an increased response rate.</p>			

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
Result: LHB Record – Strong, Moderate, Weak				
V2	Confidential supervisory activities are undertaken in a room that ensures privacy.	<p><i>Strong –oral evidence presented at Audit review. All supervisors are proactive in obtaining a private Room to perform Confidential Supervisory Interviews. There are no issues with internet access.</i></p> <p><i>There is evidence from the Midwives’ questionnaire that there is privacy offered for the annual review.</i></p> <p>2012/13 Evidence As above the audit has been undertaken across the three counties, privacy has been maintained for annual reviews and electronic access for all supervisors</p>		2012/13 No new action planning
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V2	<p>Result:</p> <p>LSA - MET with mostly strong evidence. Recommendations made for development. 2012/13 This standards was not assessed and recommendation from pervious year still applies</p>	<p>LSAMO shown a dedicated room where supervisory interviews take place.</p> <p>There is internet access in the dedicated room to work online and access the LSA database.</p> <p>20 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</p>	<p>In the main there is a dedicated room or LSAMO can be shown where rooms are made available.</p> <p>There is no regular access to internet.</p> <p>10 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</p>	<p>No rooms can be identified or it appears ad hoc.</p> <p>No internet access.</p> <p>Less than 10 midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</p>
LSA commentary				
<p>There were no issues identified in regard to privacy when undertaking supervisory reviews from the small sample of midwives represented. Equally the LSA review team were given to understand this was not an issue for the midwives interviewed during the audit visit. Many midwives in Hywel Dda now have an email address meaning there are no concerns regarding internet access.</p>				
Recommendations to support continued development				
<p>As above Hywel Dda 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 LHB midwifery workforce as a whole.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V3	SoMs participate in developing policies and evidence-based guidelines for clinical practice.	<p><i>There was clear evidence of SOM membership in policy groups. TOR in evidence file / Policy minutes.</i></p> <p>2012/13 Evidence</p> <p>Hywel Dda policy group meeting regularly TOR available, SoMs actively involved in the development of policies within the group and consulted with corporate polices e.g. medicines management</p> <p>SoM's currently taking the lead on developing and reviewing guidelines around normality such as water birth.</p> <p>SoM involved with policy group and dissemination of guidelines.</p> <p>All new policies available in the clinical areas and are discussed at labour ward forum.</p> <p>All new policies are e-mailed to all SoM's for comments and then distributed to their supervisees</p>		<p>SOM actively participating.</p> <p>2012/13 No new action planning</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V3	<p>Result:</p> <p>2012/13 LSA - MET with mostly 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				
<p>The LSA was sent ToR for the Working Policy Group Maternity Department which stipulates the membership of the group including a SoM and clearly sets out the group's function, how often it will meet and how minutes will be circulated following meetings. To note the ToR were due for review in July 2011. The action card from the policy group meeting shows a SoM tasked with taking forward relevant actions and there is evidence of informing staff of new policies on the action card from the Labour Ward Forum. The Maternity Matters newssheet was another means of informing staff about the publication of new guidelines and other initiatives that staff needed to be familiar with. The LSA was also sent the relevant page from the Policy on Policies relating to circulation and informing staff when new policies are released or updated. During the visit the team were told about the Hywel Dda wide action on standardising policies and how notice boards, shift handovers, email and signature lists are used to ensure staff are aware of new policies. There was inconsistency across the sites on the use of read receipt and circulation/signature lists for checking staff had read the policies. It was encouraging to see the title SoM appear on most documentation reviewed.</p>				
Recommendations to support continued development				
Updated 2012/13				
<p>This was a well evidenced standard in line with requirements. SoMs should consider how to bring the whole Hywel Dda maternity service in line with best practice for circulation and sign off of new policies to ensure all midwives have accessed and read them.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V4	All midwives have access to documentation of local guidelines and policies in electronic or hard copy.	<p><i>There are hard copies in folders in all areas- there was discussion around how policies are disseminated and the evidence available.</i></p> <p>2012/13 Evidence Corporate policy for policies defines process of dissemination of policies, Midwifery matters newsletter distributed for information, notices boards evident with new policies, Supervisors of midwives involved in information sharing with midwives see above and evidence at visit.</p>		<p>1. <i>SOM to ensure all midwives have an email account to disseminate information.</i></p> <p>2. <i>Need to develop a method on acknowledgement of receipt of updated or new policies.</i></p> <p>2012/13 No new action planning</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V4	<p>Result:</p> <p>2012/13 LSA – MET with moderate 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>	<p>There is no evidence that SoMs play any part in communicating new guidelines to midwives or ensure they are aware/signed up to.</p>
<p>LSA commentary Updated 2012/13</p> <p>There is still no written process to identify how SoMs are involved in, or leading on, the dissemination of new policies to ensure that midwives in the clinical setting have seen and are signed up to them on publication. The audit team who visited the clinical areas considered there was a difference between knowledge of policies in the antenatal clinic to that in the postnatal area with the former being more aware. The SoMs present at the audit visit described a variance in the process of dissemination of policies and recognised that there was work to do on both the process of dissemination and sign up across the three Hywel Dda sites for consistency. An excerpt from the corporate Policy on Policies was received describing that the local service should devise a process for raising awareness and dissemination. There was some paperwork relating to skills and drills in the evidence file but there was no reference on any of the papers to the use of policies during these workshops.</p>				
<p>Recommendations to support continued development Updated 2012/13</p> <p>The Hywel Dda SoMs need to consider, in partnership with management, devising a written process that clearly shows how policies will be circulated for comment and or sign off and who will lead on this important aspect of work. Further the process should identify how midwives will demonstrate to SoMs that they have both seen and read new policies. The SoM team may consider how they can use emergency drills or other forums to raise the profile of new or relevant policies.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V8	Support is provided for SoMs in their administrative tasks in line with LSA funding.	<i>No area has specific admin support.</i> 2012/13 Evidence Supervisors of Midwives supported by an administrator with organising meetings, typing minutes, writing letters etc LSA Officer to meet administrator at the audit visit		<i>To review monies and hours available to support an admin assistant.</i> 2012/13 No new action planning
	LSA Comment on Evidence	Measures: Strong	Moderate	Weak
V8	Result: LSA – MET with weak evidence. Recommendations made for action.	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 Updated 2012/13 In light of concerns raised in last years audit with regard to a lack of secretarial support the Hywel Dda SoM team decided on a different approach to the provision of administration as it was considered that accessing one person for typing reports and notes was not practical owing to the geography. Therefore 3 laptops were purchased with the associated software and encrypted memory sticks so that there is a dedicated supervisor's computer available in each site. This aims to provide SoMs with immediate access to type up their own work more readily which it was considered they were doing, in the main, previously anyway. One of the general secretaries continues to type up minutes and arrange meetings on occasions but whether this is for the wider SoM team remains debateable. The computers had only just been commissioned around the time of the audit visit and there was no report on success or otherwise available to inform the process. Therefore without adequate testing this standard can only be assessed as met with weak evidence this year.				
Recommendations to support continued development Updated 2012/13 The LSA will continue to audit the success of the planned action over the coming two quarters to ensure HIW funding, which was used to purchase the computers has made a difference. The views of SoMs will be solicited directly via the bi monthly SoM meetings.				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V9	Regular meetings of SoMs are convened to share information and proceedings are recorded.	<p><i>Evidence of Hywel Dda Health Board SOM meetings. Attendees recorded (see file). TOR for group evident.</i></p> <p>2012/13 Evidence Regular Hywel Dda meetings are being held with a clear action plan for the supervisors</p>		<p><i>To hold monthly local meetings which can be fed back to Hywel Dda SoM meetings; need to plan dates through the year and inform SOMs of all meetings locally and HB wise. Need to establish supervisory roles:</i></p> <p>1. Contact. 2. Link. 3. Database – supervisory coordinators.</p> <p>2012/13 No new action planning</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V9	<p>Result:</p> <p>LSA – MET with moderate evidence. Recommendations made for development.</p> <p>2012/13 This standards was not assessed but recommendation from previous year needs further development</p>	<p>Strong</p> <p>There are clear records of meetings with ToR and a plan of activity/agenda setting.</p> <p>Attendees are clearly recorded and there is 70 – 75% attendance at all meetings.</p> <p>There is a clear process for dissemination of minutes and assigning actions to SoMs.</p> <p>100% of SoMs interviewed could describe all of the above.</p>	<p>Moderate</p> <p>There are records of meetings but there is no clear process for setting the agenda or ToR for the group.</p> <p>Attendees are recorded and there is a 50 – 70% attendance at all meetings.</p> <p>There is a process for distributing minutes but how and by whom actions are to be achieved is less clear.</p> <p>75% of SoMs interviewed could describe all of the above.</p>	<p>Weak</p> <p>There is no auditable trail of minutes, no ToR or clear plan for agenda setting.</p> <p>Regularly seems to be less than 50% attendance at all meetings.</p> <p>There is no process for distributing minutes or assigning actions to SoMs.</p> <p>Less than 50% of SoMs interviewed could describe all of the above.</p>

LSA commentary
Updated 2012/13

The Ceredigion team continues to meet regularly and have an identified agenda with good attendance of most SoMs at each meeting. The HB team are now meeting on a more regular basis as a Hywel Dda team but attendance at the seven meetings held was patchy for some SoMs with 11 of 19 regularly attending three or less meetings in the year. There was a Supervision Operational Plan in the evidence file but there were no dates for completion, many gaps in who was leading on actions and no progress reported. The use of an action card between the associate director of midwifery and the county heads is a useful tool that could be used to update the operational plan or the regularly updated plan could replace the action card.

Recommendations to support continued development
Updated 2012/13

There has been evidence of closer Hywel Dda team working and increased consistency in the development and application of HB wide policy development, better sharing of best practice from lessons learnt and sharing of other areas of good work which was previously confined to counties. However SoMs still need to consider cross county working, progressing an operational plan to completion and a single on call system in line with the rest of Wales. This may help to delineate between the role of the SoM and her substantive role, particularly when on call, which has been challenging.

Nos	Criteria for Measurement	Evidence Recorded/Seen			LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak			
V10	Effective mechanisms are in place to ensure that every SOM receives information disseminated by statutory bodies.	<p><i>Sent through group emails and dissemination by LSA.</i></p> <p>2012/13 Evidence New structure in place for communication across Hywel Dda and with LSA Officer All SoMs have access to email communication and a lead in each county has responsibility to disseminate information to local SoMs</p>			<p><i>To ensure receipt of emails clear trail of this. Decide on individuals who are disseminating this information e.g. Contact supervisor or admin support.</i></p> <p>2012/13 No new action planning</p>
	LSA Comment on Evidence	Measures: Strong	Moderate	Weak	
V10	<p>Result:</p> <p>LSA – MET with moderate evidence. Recommendations made for development.</p> <p>2012/13 This standards was not assessed but recommendation from previous year needs further development</p>	<p>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.</p> <p>100% of SoMs interviewed could describe the process.</p>	<p>There is some process but it cannot be clearly evidenced to support how all SOMs receive the information.</p> <p>75% of SoMs interviewed could describe the process.</p>	<p>There is no clear process and information sharing appears ad hoc and haphazard.</p> <p>Less than 50% of SoMs interviewed could describe the process.</p>	
<p>LSA commentary Updated 2012/13</p> <p>The Hywel Dda SoMs do not have a written process that sets out how communication is disseminated other than by group email for internal communication. Named individuals have been identified for specific roles including local dissemination of information. The LSA has noted a significant improvement in communication between the Hywel Dda contact SoM, the LSA and the SoM team. The communication process set up by the Associate Director of Midwifery seems very efficient and was considered to be working well.</p>					
<p>Recommendations to support continued development Updated 2012/13</p> <p>The county leads need to consider what, if anything, they need to do to ensure they feel linked in with the supervisory agenda.</p>					

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies.	<p><i>Evidence of some links and acknowledgement of SOM role in governance areas. Learning from events, case reviews in clinical risk.</i></p> <p>2012/13 Evidence Clinical governance meetings and quality and safety meeting attended by a SoMs and evidenced through minutes of meetings</p>		<p><i>Need to increase awareness that SOM attending in capacity as supervisor.</i></p> <p><i>Presentation of the maternity dashboard at clinical governance and quality and safety meetings within counties.</i></p> <p>2012/13 No new action planning</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V11	<p>Result:</p> <p>2012/13 LSA – MET with moderate evidence. Recommendations made for development.</p>	<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>
<p>LSA commentary Updated 2012/13</p> <p>There is still no written policy or flowchart describing how the SoMs interface with the wider clinical governance teams but the SoMs were able to describe their involvement and interaction with the quality and safety, Risk, Obs. and Gynae. and Learning from Events groups and forums across the LHB. This variance in structures and processes across the three counties makes comparison of processes difficult. It appeared that there had been some improvement in the presence of SoMs in the wider governance structures although the use of the SoM title was not consistent. The lack of clinical governance representation at the audit visit was a missed opportunity to measure improvements in inter-disciplinary working from last year.</p>				
<p>Recommendations to support continued development Updated 2012/13</p> <p>The SoMs need to devise a written process or flowchart demonstrating how they will interact with the wider clinical governance forums and ensure that there is a rota of SoMs who will attend appropriate clinical governance forums. At each meeting it should be noted that SoMs are present as a SoM and bring that perspective in addition to any midwifery managers who may be attending.</p>				

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V12	An interface between supervision & risk management is evident in the investigation of critical incidents.	<p><i>Evidence of clinical incidents from each area and supervisory involvement.</i> 2012/13 Evidence Datix incidents monitored and investigated by SoMs. Quality and safety meeting attended by a SoM and information disseminated through the counties Evidence of catheter and Intravenous bundles in place. Dashboard information discussed at quality and safety meetings Great deal of evidence to support SoM involvement in investigation procedures and discussing these through with midwives. Will discuss cases during Audit day.</p> <p>Ensuring support for midwives involved and compliance with recommendations.</p> <p>SoM's involved with labour ward forum and case reviews. Also involved with learning from events. Please see evidence on Audit Visit</p>		<p><i>In supervision role need to ensure there is no overlapping of management role. Need to challenge supervisory concerns with management.</i></p> <p><i>Separation of the supervision and management roles by having a lead supervisor within each county that is not the Head of Midwifery.</i></p> <p>2012/13 No new action planning</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V12	<p>Result:</p> <p>2012/13 LSA – MET with moderate evidence. Recommendations from previous year need further development</p>	<p>There are clear TOR for the review of SIs that includes the need for SoMs to be involved.</p> <p>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.</p>	<p>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.</p> <p>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.</p>	<p>There is no recognition that SoMs need to be part of the SI review process.</p> <p>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.</p>
<p>LSA commentary Updated 2012/13 There are no ToR setting out SoM involvement in the MDT review of serious incidents. There was no evidence to demonstrate actual joint working on investigations with SoMs working alongside the managers conducting an investigation. It is acknowledged that there was evidence of joint discussions at perinatal and labour ward forums in regard to clinical incidents but this is not the same as conducting an investigation in tandem whilst recognising the discreet roles of the SoM and manager. If this joint process can be embedded this avoids duplication for individuals involved in incidents, ensures conclusions are reached simultaneously that are not at odds with each other and allows restoration to be applied jointly if appropriate and in a timely manner. SoMs have been particularly taxed by timely completion of the whole investigation process.</p>				

Recommendations to support continued development

SoMs need to continue considering the work of the corporate management team 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 the risk management team should continue to call upon the expertise that SoMs can bring to the investigation process. 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		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V13	Outcomes of investigations of critical incidents are disseminated to inform practice.	<p><i>These are disseminated form SOM within ward meetings, updating sessions and multi disciplinary pathways such as labour ward forum.</i></p> <p><i>Evidence in file - examples included record keeping. An area of practice highlighted within case reviews.</i></p> <p>2012/13 Evidence Information disseminated through midwifery matters and workshops when deficiency in practice identified i.e. growth chart training, record keeping workshops Evidence of practice changes from documentation issues and SoM Investigations recording of details around these. For example shoulder Dystocia, PPH, and CTG recording.</p> <p>Evidence of record keeping audits been undertaken. Using maternity record keeping tool and Health Board notes tool to inform and ensure compliance. Overall notes audited of a high standard</p>		2012/13 No new action planning
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V13	Result: 2012/13 LSA – MET with strong evidence. No development action suggested.	<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>

LSA commentary
Updated 2012/13

As in the previous year there were examples of good practice under this standard highlighting how lessons are shared at local committees and learning from events groups, midwives forums and quality and safety committees. The use of SBAR and scenario based learning from real events is further good practice and evidences actual change that is then re audited for success. There was also further evidence of SoMs working with the quality improvement managers to share lessons both within midwifery and with the wider clinical team. The Maternity Matters news sheet was another means of sharing important training and updating as well as highlighting Good Practice Points of the Month. Of particular note was the facilitation by SoMs of two high profile learning events on CTG Interpretation and Intra Uterine Growth Assessment arranged as a result of learning identified from the supervisory investigation process after serious incidents. The addition of MEOWS charts to the patient bedside and in the newly developed postnatal book, with instructions on the back for triggers, was also led by SoMs and is an excellent example of influencing practice.

Recommendations to support continued development

There are no recommendations for development but the SoM team are encouraged to continue their innovative approach to lesson learning and take every opportunity to share examples of good practice with other SoMs and HB staff and across Wales.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		Result: LHB Record – Strong, Moderate, Weak		
V14	Audit of record keeping of each midwife's records takes place annually. Rule 9.	<p><i>Audit of notes take place within current audit tool. Evidence for this over the last few years (see file).</i></p> <p>2012/13 Evidence Corporate policy in place determining the audit tool and programme of audit (As Above V13) Evidence of record keeping audits been undertaken. Using maternity record keeping tool and Health Board notes tool to inform and ensure compliance. Overall notes audited of a high standard.</p> <p>All midwives must present 2 sets of notes for audit at Yearly Interview.</p> <p>Record keeping issues identified from audits or again from Supervisory Investigation/Clinical Reviews are presented at multidisciplinary meetings as well as to the Individual see evidence Supervisory SBAR Report</p>		<p><i>To evaluate effectiveness of current audit tool and to ensure clear pathway of disseminating findings and areas for further improvements.</i></p> <p><i>Target areas of poor compliance through the audit.</i></p> <p>2012/13 No new action planning</p>
	LSA Comment on Evidence	Measures: Strong Moderate Weak		
V14	<p>Result:</p> <p>2012/13 LSA - MET with mostly strong evidence. Recommendations from previous year need further development</p>	<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 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 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 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 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 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>
--	--	--	---

**LSA commentary
Updated 2012/13**

The HB SoMs do not have a written process to direct the audit of records in a planned way in any given year i.e. how often this will be done and by which method. There were three examples of completed record audits in the evidence file for 2012 using two different audit tools for the same case records. However there was no composite report on the total number or records audited in year or the process used, identifying trends and themes and planned action to address the shortcomings. There was no evidence from the SoM annual review process to demonstrate that two case records per midwife had been audited and what issues, if any, had been identified. There was evidence submitted under other standards that demonstrates how SoMs feedback lessons identified from the records audit process in order to influence practice change. There was a very informative presentation in the evidence file given by the Practice Development midwife who is also a SoM but it is not clear who the presentation was addressed to. The Maternity Matters news sheet and other forums referred to under V13 also gave examples of lesson learning and reminders of key issues for record keeping to be addressed.

**Recommendations to support continued development
Updated 2012/13**

The SoM team need to devise an audit plan for HB wide that covers frequency, process and type of audit, how trends and themes will be identified and lessons learnt will be fed back and then re audited. This evidence should be presented in a composite report to show how practice change has been influenced year on year.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		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.	<p><i>Notice board for supervision in all areas. Information newsletters from LSA printed and visible within clinical area for all staff to view.</i></p> <p><i>Involvement of SOM in all areas with MSLC and aspects of supervision and the role discussed in the groups and in an education. Leaflets given to all women at 16 weeks and available in clinical areas.</i></p> <p>2012/13 Evidence Supervisory Board on the Unit Information given to women at 16 weeks</p>		<p><i>To ensure annual reports available on intranet.</i></p> <p>2012/13 No new action planning</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V15	<p>Result:</p> <p>2012/13 LSA - MET with mostly strong evidence. Recommendations made for development.</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
Updated 2012/13

In the main the LSA review team felt supervision was visible through notice boards in most clinical areas where women and families visit although publicity was less obvious in the antenatal clinic. The NMC leaflet is reported to be given to all women in their antenatal pack but midwives interviewed were not sure of this action. The LSA newsletter was identified in the staff areas and midwives were able to talk about it and its purpose. The SoMs have been leading on the development of a User Views notice board where women put their comments on a postcard and then action taken is fed back on the Views board. A focus group had also recently been held with a group of Polish women to better understand their needs but it was not clear if this was led by SoMs. The MSLC chair reported challenges in attracting user recruits to sit on the MSLC forum and in users getting their voice heard as sometimes doctors had very strong views. She also reported being aware of the LSA annual report and other key documents which had been discussed as agenda items. The HB had not published the annual report to the LSA on their website which it transpired was a technical error owing to the site being rebuilt. This was raised with IT during the audit visit and was swiftly addressed.

Recommendations to support continued development
Updated 2012/13

The SoM team to consider new ways to attract appropriate users to the MSLC forum and having done so making the forum more 'user friendly'. The lay reviewer suggested the use of Face Book or Twitter for MSLC user representatives from across Wales to share views and examples of good practice and to support each other.

Nos	Criteria for Measurement	Evidence Recorded/Seen			LHB planned Improvement Action
		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><i>Equipment checks evident in all clinical areas of resuscitaires and equipment in the clinical area. From supervisory reports and investigations all midwives issued with infant scales. CEMACH report SOM has ensured all community midwives have thermometers.</i></p> <p><i>CTG training and attendance and involvement of SOM evident – SOM attends all skills and drills.</i></p> <p>2012/13 Evidence Home birth policy in place with equipment highlighted Equipment Checklist in the clinical areas (Daily procedures)</p> <p>Community Midwives asked at Yearly Interview with regard to equipment in good working order. As best practice all Community midwives must document in their diaries (on a monthly basis) that all equipment is in working order.</p>			<p><i>Need to establish a check list and a clear plan for monitoring equipment in the community.</i></p> <p>2012/13 No new action planning</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak			
V16	<p>Result:</p> <p>2012/13 LSA – MET still with moderate evidence. Recommendations from previous year need further development</p>	<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**Updated 2012/13**

Currently there is no policy on how SoMs are involved with checking of equipment at ward or community level or how they receive assurance from those who have responsibility for this role. The evidence file only contained a Homebirth Policy check list as evidence against this standard but no record of auditing community midwives practice of self reporting in their diary or at the annual review. There was evidence of checking of equipment seen by the LSA review team in the clinical area. The records of maintenance and checking were not seen. There were many references to the SoMs close involvement with attendance and delivery of the skills and drills training and other good practice relating to CTG interpretation and assessment.

Recommendations to support continued development

The SoMs should devise a work plan to include how they will gain assurance in relation to the checking of community midwives equipment or arrange to do this at the skills and drills days. A composite report on compliance would be helpful evidence. There should be some evidence to support regular maintenance is carried out on equipment that requires it.

Nos	Criteria for Measurement	Evidence Recorded/Seen		LHB planned Improvement Action
		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.	<p><i>Escalation evidence available. Team meetings where clinical issues have been raised with SOM presence. Minutes of SOM minutes where concerns have been addressed.</i></p> <p>2012/13 Evidence SBAR evidence of concerns highlighted by supervisors to the Head of midwifery during time of increased activity</p>		<p><i>Ensuring visibility as a supervisor within the public area, attendance at risk meetings and highlighting concerns which need to be addressed within risk register for example concerns re SCBU facilities. Continuing to work with employers to address a way forward. Maintaining presence and support for midwives who have practice concerns.</i></p> <p>2012/13 No new action planning</p>
LSA Comment on Evidence		Measures: Strong Moderate Weak		
V17	<p>Result:</p> <p>2012/13 LSA – MET with moderate to strong evidence. Recommendations made for development.</p>	<p>Minutes of SoM meetings demonstrate discussion in relation to staffing issues or other patient safety risks.</p> <p>There is evidence of action plans that SoMs have devised to support midwives in maintaining safe practice and outcomes are clear as a result.</p> <p>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.</p>	<p>Minutes of meetings shown some discussion regarding safe staffing levels etc. but it is less clear what action will be taken as a result.</p> <p>There is evidence of action planning but these are not robust and outcomes are not well defined.</p> <p>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.</p>	<p>There is no evidence that such matters are discussed by SoMs in their meetings.</p>

LSA commentary**Updated 2012/13**

There are now regular team meetings where the agenda is more focused on the functions of public protection and the SoMs role in challenging managers to address concerns. There has been some evidence of SIs and their subsequent action plans being reviewed at SoM team meetings which aims to strengthen the action planning and assurance that management are addressing areas of concern. The LSA MO and the contact SoM meet with the Associate Director of Midwifery where staffing and other safety matters are discussed. Any unresolved issues could be escalated to the Director of Nursing on a case by case basis, through the half yearly review meetings or ad hoc if required. There were some good examples of SBAR communication logs developed by SoMs in partnership with midwives to support care planning for women who make less favourable birth choices. The small audit of community midwives compliance with NICE antenatal care for low risk women was summarised into a briefing report which was useful. It would be good to see what impact, if any, this has on staffing resources.

Recommendations to support continued development**Updated 2012/13**

The SoMs need to make sure there is equitable representation at all SoM meetings and that the agenda is appropriately set to ensure a strong focus on monitoring management issues resulting from serious incidents and supervisory investigations. SoMs need to ensure they increase their visibility at other corporate committees where they have opportunity to raise concerns relating to maternity provision if it is considered such concerns have implications for the safety of mothers or babies. The operational plan for supervision in 2013/14 needs to be devised with SMART actions to ensure there is a lead person with a timeline for completion and regular progress updates are made.

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 Hywel Dda 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: Monday, 28th January 2013

Location: Glangwili General Hospital Carmarthen, Hywel Dda Health Board

No.	Time	Activity
1	09.00	Arrival & Coffee
2	09.15	Introduction from the LSA review team 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 To be invited – Director of Nursing Head of Midwifery Clinical Director 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 and operational plan 2012-2013 2. Examples of Good Practice 3. Examples of local profile of supervision 4. Key information for the local annual report for 2012-2013 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 Corporate 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

Appendix B

List of Participants in the Annual Audit process – Hywel Dda LHB

Associate Director of Midwifery/SoM – Carole Bell

County Lead Midwives/SoMs – Julie Wall Pembrokeshire
Julie Jenkins Carmarthenshire

Contact SoM – Julie York Pembrokeshire

SoM – Maureen Jones Ceredigion

SoM – Denise Hancock Ceredigion

SoM – Sue Peterson Ceredigion

SoM – Debbie James Pembrokeshire

SoM – Eileen Harrison Carmarthenshire

SoM – Linda Leeves Carmarthenshire

SoM – Adele Roberts Carmarthenshire

Met by LSA Team

Consultant Obstetrician – Dr Nicola Piskorowskyj

Chair of MSLC – Bridget Radford

There were no student midwives in Carmarthen for the audit visit

Midwives from across Antenatal and Postnatal wards, Antenatal Clinic

Administrative support – None available

Apologies:

Director of Nursing – Caroline Oakley