



DRIVING
IMPROVEMENT
THROUGH
INDEPENDENT AND
OBJECTIVE REVIEW

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trwy oruchwyliaeth
statudol o fydwagedd



protecting the public
through statutory
supervision of midwives

Powys Teaching Local Health Board

Annual LSA Audit

2012-
2013

August 2013

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1 Executive Summary

- 1.1 Local Supervising Authorities (LSA) are organisations within geographical areas, responsible for ensuring that statutory supervision of midwives is undertaken according to the standards set by the Nursing and Midwifery Council (NMC) under article 43 of the Nursing and Midwifery Order 2001, details of which are set out in the NMC Midwives rules and standards. In Wales, the function of the LSA is delegated to Healthcare Inspectorate Wales by 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 of midwives in each Local Health Board (LHB) against the NMC standards for the supervision of midwives 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 11% (1) of the criteria for the nine standards measured were met with strong evidence and no development action is suggested. A further 89% (8) were met with strong or strong to moderate evidence and recommendations are made for further development. The remaining 11% (1) 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 Powys 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 previously, which was welcomed at all levels.
- 2.3** The audit visit for took place Powys (t) LHB, took place on 02/03/2012 as planned. Key personnel were invited to attend as well as the Health Board supervisory team (**Appendix A – Programme**). It was unfortunate that representation from the MSLC were not able to attend or be available for discussion.
- 2.4** The audit was conducted by Julie Richards, LSAMO who was supported by Jackie Foster, LSA Lay Reviewer, Karen Hone, experienced SoM from Cardiff and Vale Health Board, and Jo Price, Student SoM from Anuerin Bevan Health Board.
- 2.5** The audit visit began with a brief presentation by Julie Richards on the purpose of the audit and the LSA plans for the way forward to link the audit recommendations to an action plan as part of the LHB Annual Report. This session was followed by the SoMs PowerPoint presentation which gave an overview of Powys (t) LHB and supervisory activities as well as the achievements of the SoMs in terms of good practice. In addition, the audit visit gave an opportunity to meet and share information on supervision with SoMs, midwives, student midwives. The LSA Lay Reviewer arranged to meet with service users at an LSA listening clinic to be held in April 2013 (**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 Powys (t) LHB and from meeting with the associate Director of Nursing, Head of Quality and Safety, SoMs, midwives and service users during the audit visit.

3.2 Throughout the year the LSA MO has observed the hard work supervisors have invested in contributing to the safety of maternity services by enabling midwives to support women. Since the audit in 2011-12, Powys supervisors have made good progress in strengthening the interface with the governance systems in the Health Board. The SoM team continue to be a cohesive team across the LHB and work well with management demonstrating a healthy balance of collegiate working and appropriate professional challenge. Some of the SoMs have benefitted from wider exposure and application of their SoM skills and expertise by undertaking an external investigation and have additional supervisee caseloads in a neighbouring DGH. Powys supervisors are a small team and they recognise the need to continue with the interface with neighbouring SoM teams for their ongoing development and exposure to supervision elsewhere and ensure they link into current reconfiguration plans which are being taken forward by many of the link DGHs for Powys.

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

- Powys SoMs are linked into the consultation and planning of the reconfigurations to ensure safe services for Powys women and consider any impact on local midwifery care.
- Powys SoMs recognise the value of attending neighbouring SoM meetings for communication links, peer support and discussing midwifery practice issues with liaison SoMs in the providing district general hospitals. It is notable that Powys SoMs are being invited to an increasing number of DGH incident reviews when the case is linked to Powys maternity services.
- Powys SoMs are well recognised in the wider governance framework within the Health Board. The framework is considered by the quality and safety department as an exemplar to be fostered by other services in the Health Board.

- Powys SoMs have embedded a robust framework for annual checking of Community midwives equipment through the midwifery update days with a mechanism for the named SoM to follow up any specific issues identified for their supervisees

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 annual reviews, incident reviews and lessons to be learnt are often unduly delayed. The SoM team feel they are currently restricted to the delivery of the core SoM activities only and find it challenging to meet the wider business of supervision.
- 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. Despite being a small team of SoMs and midwives, Powys SoMs have annual review compliance that has been consistently below 90% in the quarterly monitoring scorecard.
- The difficult financial climate and competing pressures 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.

3.5 Recommendations to met NMC standards

Powys SoMs have implemented a method to collate evidence to reflect the views and experiences of midwives on supervision of midwives in Powys. The comments on supervision (COOS) is a relatively new concept and needs to be promoted with all midwives in Powys to encourage midwives to comment and make suggestions for further development of supervision. Powys SoMs need to consider how they will respond to the views and experiences and may need to consider a range of feedback methods if response rates remain poor.

3.6 Recommendations to support continued development

Recommendations to support the Powys 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 during 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 SoMs had devised a good supervision operational plan with actions that have contributed to some progress with continuous improvement. The operational plan is a good foundation for

the coming year and should include development actions identified from the LSA audit visit.

- 3.7** Details underpinning the recommendations are outlined in section 4 under LSA commentary and recommendations. Powys SoMs have eight standards where some development would be beneficial. The LSA MOs will work with their teams to support the preparation of an operational plan for the coming year that will address the development of these standards.

| 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>Guidelines and policies available on the Powys (t) Health Board Intranet http://howis.wales.nhs.uk/sitesplus/867/page/42735</p> <p>Hard copy of policy folder available in each Birth Centre</p> <p>Updates on guidelines provide Practice Development Midwife and Clinical Risk Midwife (SoM) at Midwifery Update days.</p> | | |
| | LSA Comment on Evidence | Measures: Strong | Moderate | Weak |
| V4 | <p>Result:</p> <p>LSA - MET with strong /moderate evidence with 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> |
| LSA commentary | | | | |
| <p>During the audit visit, midwives verified that they have access to local guidelines and policies in electronic and hard copy.</p> <p>Midwives described the benefits of the guideline session in the midwifery update days and monthly team meetings which featured new policies / guidelines. Midwives reported these awareness sessions as valuable communication process when new guidelines are developed.</p> <p>It was verified that midwives complete a signature form to confirm they are signed up to new guidelines and policies.</p> | | | | |
| Recommendations to support continued development | | | | |
| <p>As part of the development of the policy for policies and guidelines, it needs to identify the role of SoMs in leading on communication with midwives when new guidelines have been developed policies.</p> | | | | |

| Nos | Criteria for Measurement | Evidence Recorded/Seen | | LHB planned Improvement Action |
|--|---|---|--|--|
| Result: LHB Record – Strong, Moderate, Weak | | | | |
| V5 | Midwives are provided with and attend skills and drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations. | <p>Training database reflects 100% of Powys Midwives attending skills and drills workshops.</p> <p>Midwives attend update days set in the community which are run three times through the year.</p> <p>Powys Midwives also complete a two week DGH rotation to ensure they maintain skills for high risk women.</p> | | |
| LSA Comment on Evidence | | Measures: Strong Moderate Weak | | |
| V5 | <p>Result:</p> <p>This standard was not assessed and there were no recommendations from previous year</p> | <p>There is a training record that demonstrates that there is a year on year programme covering all major skills and drills as in CEMACH.</p> <p>There is a clear record that year on year 95 – 100% midwives have attended skills and drills and been tested successfully.</p> <p>20 + midwives can describe the skills and drills process, when they last attended and how they were tested.</p> | <p>There is some evidence to support a record of training but it is not up to date or showing continuous improvement of attendance.</p> <p>There is a clear record that year on year 90 – 95% midwives have attended skills and drills and been tested successfully.</p> <p>10 + midwives can describe the skills and drills process, when they last attended and how they were tested.</p> | <p>There is no training plan to support attendance of improvement in numbers attending.</p> <p>Less than 90% of midwives have attended mandatory skills and drills in the last year and in previous years.</p> <p>Less than 10 midwives can describe the skills and drills process, when they last attended and how they were tested.</p> |
| LSA commentary | | | | |
| Powys SoM actively supports the design and facilitation of the midwifery update programme. | | | | |
| This standards was not assessed as part of the audit process | | | | |
| Recommendations to support continued development | | | | |
| No recommendations made | | | | |

| 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. | Administrative support agreed for 7 ½ hours a week with a clear job description. The current post holder left the role in December 12. The vacancy has been supported by executive sign off and awaiting advertisement for recruitment | | |
| | LSA Comment on Evidence | Measures: Strong Moderate Weak | | |
| V8 | Result: LSA – This standards was not assessed and recommendation from previous year still applies | 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 | | | | |
| Whilst this standard was not considered as part of the audit, the SoM team highlighted that there has been a gap in administrative support for supervision during a high activity time with Intention to Practice and preparing for the annual audit process. There is no significant impact at this stage but there was evidence of a back log of filing for the new post holder to manage. | | | | |
| Recommendations to support continued development | | | | |
| Powys SoM team have identified how they will support the induction period for the new post holder with relevant development for the SoM administrative tasks. It was recommended that the post holder is offered the benefit of the support of the network of admin roles across the SoM teams in Wales | | | | |

| 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. | 6 weekly meetings and action card provides a record of the meeting. Powys SoMs to continue attending neighbouring SoM meetings and regional workshops where appropriate and ensure benefits are shared with SoM colleagues back in Powys. | | |
| LSA Comment on Evidence | | Measures: Strong Moderate Weak | | |
| V9 | Result: LSA- This standards was not assessed and recommendation from previous year still applies | <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>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>There is no auditable trail of minutes, no ToR or clear plan for agenda setting.</p> <p>Regularly seems to be less then 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 | | | | |
| This standards was not assessed and recommendations for Powys SoMs to continue to attend neighbouring SoM meetings and regional workshops where appropriate and ensure benefits are shared with SoM colleagues back in Powys still applies | | | | |
| Recommendations to support continued development | | | | |
| No additional recommendations made | | | | |

| 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. | All information from HIW, NMC, LSA, NICE, NPSA etc are forwarded by as bulk e-mail to all SoMs and / or HoM as needed | | | |
| | LSA Comment on Evidence | Measures: Strong | Moderate | Weak | |
| V10 | Result: LSA – This standards was not assessed. | <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> | |
| LSA commentary | | | | | |
| All SoMs can access emails with the provision of IT access across the organisation. | | | | | |
| LSA newsletter is widely shared with midwives and displayed across the maternity service. | | | | | |
| Recommendations to support continued development | | | | | |
| No additional recommendations made | | | | | |

| 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. | Lead Midwife with portfolio for risk is a Supervisor of Midwives and ensures that there is a clear interface between risk management and supervision with investigation of critical incidents. | | |
| | LSA Comment on Evidence | Measures: Strong | Moderate | Weak |
| V12 | Result: LSA - MET with strong evidence. Recommendations made for continual development. | There are clear TOR for the review of SIs that includes the need for SoMs to be involved. Where SI's RCA outcomes are reviewed on a MDT basis there is clear evidence that a SoM has been involved as part of the team in her capacity as a SoM in order to take back lesson learning. | There are no written TOR for SoMs to be part of the SI review meetings but CG personnel and SoMs can describe that this happens. There is some evidence SoMs and the CG team collaborate in an SI review and particularly where there are lessons for midwifery practice to be learnt. | There is no recognition that SoMs need to be part of the SI review process. There is no evidence that SoMs are included in SI review meetings and there is no process for them to share lessons with the midwifery team. |
| LSA commentary | | | | |
| <p>During the audit visit, it was verified with the Head of Quality and Safety that there are clear terms of reference provided for the review of a serious incident and process to ensure that supervision would be involved. There has been no SI for Powys maternity services in the last 12 months, however SoMs shared examples where they had linked into DGH SI or RCA reviews.</p> <p>SoMs work closely with the risk midwife role to have an equitable allocation of case review / reflection actions with incident notifications.</p> <p>The organisation framework for risk management and handling SIs has been sharing good practice from Powys SoMs as an exemplar to other services in Powys (t) Health Board as evidence for effective interface with services and risk management</p> | | | | |
| Recommendations to support continued development | | | | |
| <p>As per standard V11, it was recognised that the Clinical Risk Midwife was the driving force for ensuring the strong interface with clinical governance frameworks and it is essential that wider SoM team continue to developing their interface with risk management to ensure there is equitable contribution.</p> | | | | |

| 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. | Outcomes of SIs/Case Reviews are shared through clinical risk newsletter, form part of the learning programme for obstetric emergency training and significant SIs are shared in a specific SoM Tool Box. | | |
| LSA Comment on Evidence | | Measures: Strong Moderate Weak | | |
| V13 | Result: LSA - MET with strong evidence with recommendations made for continual development. | Strong There is a clear process and actual means of sharing outcomes of SIs with midwives in practice. There are examples of practice change that can be shared to demonstrate that this process works. There is evidence that any practice change resulting from outcomes of an SI has been audited to ensure it has made an improvement. 20 + Midwives at ward level can describe the process and a recent practice change. | Moderate There is some evidence of a means to share outcomes of SIs i.e. newsletter but this is not well embedded. There is anecdotal evidence of practice change but there has been no formal process to introduce it. There is evidence of practice change but it has not been audited for success. 10 + midwives at ward level can describe the process and a recent practice change. | Weak There is no formal or informal process to share outcomes of SIs. There are no outcomes that can demonstrate practice change as a result of an SI. There is no evidence of audit of practice change. Less than 10 midwives can describe anything like a process for sharing outcomes of SI and how these influence practice change. |

LSA commentary

Since the 2011-12 audit, there remains a clear framework to support SoMs in carrying out a review of a SI. The SoM is expected to send actions and recommendations etc to risk midwife to demonstrate outcomes on the Datix database. It was acknowledged by the Head of Quality and Safety that midwifery continues to be very proactive in ensuring “closing of the loop”.

During the audit visit midwives highlighted that they valued the lessons learnt shared through tool box sessions. The newsletter was recognised by midwives as means of sharing information.

Recommendations to support continued development

The SoM team are encouraged to continue their approach to lesson learning and take every opportunity to share examples of good practice with other SoMs and HB staff and across Wales.

The SoM team to provide examples practice change resulting from outcomes of an SI for future LSA audit visits.

| 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>Powys SoM uses a standard recordkeeping audit tool as part of the annual review process and additional peer audit of records.</p> <p>An audit report is compiled to identify the lessons to be learnt from record keeping audits.</p> | | | |
| | LSA Comment on Evidence | Measures: Strong | Moderate | Weak | |
| V14 | <p>Result:</p> <p>LSA - MET in line with strong evidence. Recommendations made for continual 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 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 no written process on records audit but there is evidence that these take place at regular intervals, in different formats, by different people/teams and the lessons learnt are shared frequently.</p> <p>There is at least one audit tool to demonstrate how an audit will be conducted.</p> <p>There are some examples of previous audits but they are not systematic.</p> <p>There are some examples of lessons learnt being shared but this is not consistent.</p> <p>There is evidence of re auditing but continuous improvement is less evident.</p> <p>10 + midwives can describe most of the steps above and talk about how this has influenced practice</p> | <p>There is no process in place nor is it clear how often, by whom and by what means auditing takes place.</p> <p>There are no recognised audit tools to demonstrate how robust audits will be or have been undertaken.</p> <p>There are only ad hoc examples of record audits available to evidence.</p> <p>There are ad hoc examples of sharing lessons learnt.</p> <p>There is limited or no evidence of re auditing or any improvement shown.</p> <p>Less than 10 midwives can describe any of the steps above or can talk about how record audits influence practice change.</p> | |

LSA commentary

Powys SoMs demonstrated the recordkeeping audit process through the audit tool and audit reports which identified clear lessons to be learnt in standards of record keeping. This activity has been rotated across the SoM team to ensure an ongoing focus on this significant midwifery practice area. SoMs and midwives continue to present the changes made as a result of the recordkeeping audits and highlighted the benefit of recent recordkeeping training provided by Welsh Health Legal services in 2011-12. Midwives interviewed during the audit visit could describe this aspect of the annual review process.

Recommendations to support continued development

This is an area of significant challenge for midwifery practice and should continue to be audited in a robust and consistent manner, more than once a year, using different methods such as peer review, group review and random selection of notes by a variety of personnel for the major audit. SoMs should continue with the annual plan for conducting regular audits and include how lessons learnt will be shared; practice change encouraged and re-auditing for improvement will be conducted.

100% of midwives should continue to have at least two sets of records audited at their annual review as a minimum.

LSA commentary

Powys SoMs continue as strong leaders with a commitment to ensure that the work of supervision is visible to the organisation, midwives and users of maternity services. The LHB website provides a range of information on supervision is available through local leaflet, posters and availability of NMC leaflet. A poster specific to supervision is visible in all areas with information on supervision and why you may contact a SoM. Powys LHB has a MSLC and SoMs play an active part in meetings. The LSA MO met the MSLC prior to the audit visit and the forum provided a positive account of how SoMs were offering support to women and in general felt that services were listening to women's views. Powys SoMs have dedicated a SoM meeting to meet with women and listen to their stories.

The LSA annual report and the LHB annual report are 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. Powys SoMs welcomed the ongoing attendance of the Director of Nursing to their SoM meeting to discuss challenging facing maternity services in Powys and raise the profile of supervision. There have been numerous examples shared at SoM meetings of SoMs working as a team with midwives to support women and midwives when women are making choices that are not necessarily in line with their level of risk. The sharing of care plans and action plans using the SBAR communication tool is another example of good practice.

Recommendations to support continued development

Powys SoMs will continue to share the local SoM Annual report for 2012-2013 with an executive summary written in Board format to ensure the information continues to be featured at relevant committees and at Board level.

| 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. | Powys SoMs continue to check all community equipment with each individual midwife at their attendance to annual midwifery update days. | | | |
| | LSA Comment on Evidence | Measures: Strong | Moderate | Weak | |
| V16 | Result: LSA - MET in line with strong evidence. No recommendations made for development. | <p>There is a clear policy on how SoMs are involved in devising processes for checking equipment at ward level and for community midwives.</p> <p>There is evidence of frequent year on year checking of equipment both for availability and safe maintenance.</p> <p>There is evidence that SoMs are involved in devising and monitoring CTG training, scoring and regular good practice.</p> | <p>There is no clear policy on how SoMs are involved in processes for checking equipment at ward or community level but SoMs can describe how this happens.</p> <p>There is some evidence that SoMs do check equipment both for availability and safe maintenance but this is not consistent.</p> <p>There is some evidence of SoM involvement in monitoring CTG training, scoring and regular good practice but it is not consistent.</p> | <p>There is no process and SoMs are not able to articulate how this is done or the frequency at which it happens.</p> <p>There is limited or no evidence to support that SoMs do check equipment at ward or community level.</p> <p>There is limited or no evidence that SoMs are involved in monitoring CTG training, scoring or regular good practice.</p> | |
| LSA commentary | | | | | |
| <p>During the audit visit, the review team verified the evidence on the process for checking community and service equipment and felt this was an exemplar that other SoM teams across Wales should consider adopting. It was evident that year on year Powys SoMs have made significant improvements in checking individual equipment. The review provided evidence that an assurance framework was in place with clear records kept and any individual issues which are identified are reported back to each named SoM to follow up.</p> | | | | | |
| Recommendations to support continued development | | | | | |
| No recommendations made. | | | | | |

| 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>There have been no incidents where SoMs have formally made concerns known. This may be due to a more proactive approach from management which has resulted in clear guidance and escalation steps shared with all staff.</p> <p>There have been no incidents where HoM has been made aware that SoMs unable to fulfil role.</p> | | |
| LSA Comment on Evidence | | Measures: Strong Moderate Weak | | |
| V17 | Result: LSA - MET in line with strong evidence. Recommendations made for continual development. | Minutes of SoM meetings demonstrate discussion in relation to staffing issues or other patient safety risks. There is evidence of action plans that SoMs have devised to support midwives in maintaining safe practice and outcomes are clear as a result. There is written evidence that SoMs have raised their concerns with the HoM when either their own workload is compromising their ability to protect the public or there are such concerns relating to service delivery and there are clear outcomes as a result. | Minutes of meetings shown some discussion regarding safe staffing levels etc. but it is less clear what action will be taken as a result. There is evidence of action planning but these are not robust and outcomes are not well defined. There is some evidence that SoMs have raised concerns with HoMs and others but there has been no follow up or practice change as a result. | There is no evidence that such matters are discussed by SoMs in their meetings. |

LSA commentary

There are regular SoM meetings where the agenda is focused on the functions of public protection which should enable the SoMs to challenge managers on addressing concerns. In the event of a Serious Incident, the relevant SI action plans would be reviewed at SoM team meeting which aims to strengthen the action planning and assurance that management are addressing areas of concern.

The LSA MO, HoM and Contact SoM meet on quarter basis which is a platform for staffing and other safety matters to be discussed. Any unresolved issues would be escalated to the Director of Nursing on a case by case basis, through the six monthly stakeholders meeting or ad hoc if required. The SoM team welcome the attendance of the Director of Nursing to a SoM meeting during the year as an opportunity to discuss the relevant challenges facing Powys maternity services and enables SoMs to feedback at executive level.

Powys SoMs are proactively working with midwives and women who make birth choices outside low risk criteria. There were some good examples of clinical alert planning developed by SoMs in partnership with midwives to support care planning for women who make less favourable birth choices. The SoM team has arranged for a desk top review of recent cases as reflective learning exercise

Recommendations to support continued development

The SoMs need to ensure that SoM meetings and that the agenda continue to ensure a strong focus on monitoring management issues resulting from relevant serious concerns and action plans from serious incidents. SoMs need to ensure there is equitable visibility at corporate committees where they all 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 continue with SMART actions to ensure there is a lead person with a timeline for completion and regular progress updates at 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 Powys (t) Health Board 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 Health Board 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 Health Board. 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: **Friday 1 March 2013**

Location: Llandrindod Wells Hospital, Powys (t) 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 5. Direction of travel for local SoM team with suggested operational plan for 2013-2014 |
| 4 | 10.30 | Coffee |
| 5 | 10.45 | LSA review team to meet with 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 for the Annual Audit process

Director of Nursing – Carol Shilabeer

Head of Midwifery and SoM – Cate Langley

Head of Quality and Safety – Wendy Morgan

Clinical Director- Helen Hayes

Contact SoM – Dawn Davies

SoM – Louise Bishop

SoM – Sara McAleese

Midwives

Student Midwives experiences