

Annual LSA Audit & Handover Report

2013-2014

Betsi Cadwaldr Local Health Board

amddiffyn y cyhoedd
trwy oruchwyliaeth
statudol o fydwraedd



protecting the public
through statutory
supervision of midwives

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LSA MO

Date 31.10.14

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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 (2012). In Wales, the function of the LSA is provided by Healthcare Inspectorate Wales (HIW) 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 overarching focus of supervision in year has been the development of a revised model of supervision that will enable the LSA and the Health Boards (HB) to meet their respective statutory duties. The backdrop to the need for a Future Proofed model of supervision in Wales was the identification of many risks in the existing model as well as increasing numbers of resignations and leave of absences by SoMs who could no longer juggle the increasing demands of the supervisor's role with those of their substantive posts.
- 1.3** The initial plan for implementation of the revised model of supervision in Wales was scheduled to be the 1st April 2014. It was the LSA's intention that audit reports would be published in May thereafter in order that they could reflect the existing position of supervision in each HB as well as identify the issues for handover and the action plan to take supervision forward. In reality, following several delays in implementation, the go live date was 4th August 2014 which in turn contributed to the delayed publication of the audit and handover report. The LSA has of course continued to work with Heads of Midwifery (HoMs) and the supervisory teams to ensure supervision of midwives has been appropriately supported and effectively delivered during the transition period.
- 1.4** The purpose of the annual audit is to assess the performance of Supervisors of Midwives (SoMs) in delivering the function of supervising in each HB against the NMC standards and make suggestions for further development and continuous improvement.
- 1.5** This report will set out the position of supervision in Betsi Cadwaladr University (BCU) HB at the time of audit earlier this year as well as the current status now that handover is complete and the revised model has been fully implemented. It will also include the self assessment action plan devised by SoMs as part of the audit process and since honed by SoMs appointed to the revised model of supervision who are now charged with taking supervision forward to be a high quality, timely and effective service provision.

1.6 Overview

The LSA in Wales has continued to revise and refine the process for auditing maternity services which was initially devised in 2011- 2012. The current audit was conducted through a team approach with peer and lay reviewer input. The aim of the audit process was for SoM teams to self assess their progress against all 17 standards set by the NMC and to identify where they considered any development action was needed or recommendations had been made previously by the LSA. The action plan would form part of the handover plan from the existing SoM model to the Future Proofing Supervision (FPS) SoMs to take forward. This current audit showed that 65% (11) of the criteria for the seventeen standards measured were met with **STRONG** evidence, a further 29% (5) were met with **STRONG/MODERATE** evidence and there was just 6% (1) standard where evidence was assessed as being **MODERATE** and development actions will be put in place to strengthen the supervisory function.

The BCU HB SoMs appointed to the revised model of supervision will work towards delivering their action plan as set out in section three to support development of standards in year. They will also need to focus on addressing issues raised in the handover plan as seen at section four. The achievement of the Key Performance Indicators (KPIs) identified in the Future Proofing Supervision, Service Specification will further enhance and influence practice change. Progress against the KPIs will be monitored through the Monitoring and Evaluation Group and through the Senior Leadership Group of HIW. Quarterly reports will be prepared and shared with HoMs to further monitor progress and address any specific challenges to progress.

The LSA has been clear from the outset that the audit process aims to support continuous development by attracting appropriate resources and training as required. We are working closely with colleagues from across Wales and beyond to redesign the audit process for the coming year as we consider external scrutiny of the LSA will be essential now that the supervisors are working directly to the LSA. We hope that appropriate Health Board personnel will take the opportunity to be part of the audit process as a means of providing maternity services, Executive Directors and the Board with the necessary assurances that statutory supervision is supporting public protection.

This report will be published on the HIW 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 (LSA MO) 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 standards set by the NMC. The review team consisted of the named LSA MO, at least one LSA Lay Reviewer and an experienced SoM from a neighbouring HB. 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 ensures the user perspective 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 BCU HB, took place on 7th January 2014 as planned. Key personnel were invited to attend as well as the HB supervisory team (**Appendix A – Programme**). The LSA MO, supported by a Lay Reviewer and sometimes a SoM, also undertook quarterly Pyramid audits as part of the annual audit cycle. Individual feedback reports were provided to the Head of Midwifery (HoM) immediately following the visit identifying areas of good practice or raising awareness where development was needed.
- 2.4 The annual audit was conducted by Julie Richards LSA MO, supported by experienced SoM, Sarah Spencer from Cardiff and Vale, Jackie Foster and Lindsey Phillips LSA Lay Reviewers.
- 2.5 The audit visit began with a brief overview presentation by Julie Richards and was followed by the SoMs PowerPoint presentation giving an overview of BCU HB and supervisory activities as well as the achievements of the SoMs in relation to good practice. In addition, the audit visit gave an opportunity to meet and share information on supervision with, the Assistant Nurse Director, Head of Midwifery, Risk Midwife, SoMs, midwives, student midwives and service users (**Appendix B – Attendees**).

3 Audit Findings

3.1 The delivery of effective supervision.

The LSA for Wales is responsible for appointing an adequate number of SoMs to ensure that all midwives practising in Wales have access to supervision. The NMC Midwives rules and standards [MRS] Rule 9¹ requires that the SoM to midwife ratio will not normally exceed 1:15 but must, at the very least, reflect local need and circumstances, without compromising the safety of women.

As of the 31st March 2014 BCU Health Board had 400 midwives and 13 SoMs giving a ratio of 1:31. This higher ratio was indicative of the pressures on the provision of supervision at the time but was addressed by the HoM through the additional provision of full time SoM hours. The SoM team was enhanced by an additional 20 days per month which gave an adjusted ratio of 1:15. The 3 SoMs identified for the 1st cohort for the new model were then supported to work full time from May 2014 leading up to the implementation date in August.

3.1.1 Appointment of SoMs, de-selection, resignation and leave of absences

In the audit year nine SoMs in BCU HB either de selected from the SoM role or took an extended period of leave of absence. Exit questionnaires were completed by those SoMs exiting the role and the main reason given for resignation was the pressures of their substantive role or the need to improve their home/work life balance. The LSA worked closely with the HoM and the SoM team to manage the increasing pressure of resignations and leave of absence on the SoM workload. Regular SBARs were updated to communicate the ongoing position and ensure that adequate resource was available to support statutory supervision.

The LSA continued to support the ongoing development of SoMs Rule 8²) through local workshops and engagement events particularly around the proposed Future Proofing Supervision (FPS) model. Since supervisory investigations were an area of risk for the LSA, local workshops concentrated on improving the skills of SoM in investigation and report writing in line with Rule 10³. There was further emphasis on closing the loop through restoration of midwifery practice and wider lesson learning in a timely manner. SoMs were provided with a detailed Investigation Workbook which contained all the necessary templates and exemplars to support them in their practice. In light of the impending

¹ NMC Midwives rules and standards (2012)

² Rule 8 of the NMC Midwives rules and standards (2012) sets out the requirement for continual professional development as a supervisor of midwives.

³ Rule 10 of the NMC Midwives rules and standards (2012) sets out the LSA procedures for supervisory investigations.

implementation of the FPS model the LSA deferred the annual supervisory conference in favour of a planned event in 2015 which will be facilitated by the team of SoMs aimed at midwives and their understanding of professional accountability.

3.1.2 Mechanisms for continuous access to a supervisor of midwives

Rule 9⁴ sets out the requirements for the supervision of midwives and as a minimum each midwife must have a named SoM who she meets with at least once per year for an annual supervisory review (ASR). BCH HB SoMs had a continuous compliance of 100% of midwives with an allocated named SoM throughout the year. During 13 -14, the average rate of compliance with the ASR meetings was 95% across the audit year. This figure was affected by the number of SoM de-selections in quarter three when compliance fell from 98% to 91% in quarter four. The SoM team achieved and maintained a 100% compliance since June 2014 following three BCU SoMs began working full time in May 2014.

The LSA encourages ASRs to be completed electronically and the proformas are then stored on the national LSA database. The audit of paper record storage showed strong compliance with the required standards and midwives views of the ASR process were in the main positive or very positive. This included whether they found the process of value, if they were afforded appropriate time and privacy for the process. Monitoring the compliance with the ASR process has been an important element of the preparation for the implementation of the FPS model, ensuring that FPS SoMs did not inherit additional work and that SoM records were in a fit state for hand over with up to date and relevant information (see handover plan for detail).

BCU HB SoMs operate a 24hour on call rota across the HB and SoMs rotate the responsibility to ensure access to a SoM for midwives and women is available. The annual audit of on call response rates conducted by the LSA Lay Reviewers in January was very positive with the on call SoM responding within two minutes in office hours and three minutes out of hours.

The LSA MO attended 75% of BCU HB monthly SoM meetings to ensure clear two way communication between the LSA and SoMs on all aspects of the supervisory function. The LSA MO attendance also provide an opportunity to offer additional advice and support to SoMs in relation to service matters that may be relevant to public protection as well as allowing the LSA to oversee SoMs planning and implementing their annual work plans.

⁴ Rule 9 of the NMC Midwives rules and standards (2012) sets out the requirement for supervisor of midwives.

3.1.3 Impact on supervision of midwives working outside of maternity services

BCU HB, like other HB across Wales has a number of practitioners who use their midwifery registration but are not directly employed in a midwifery role. The practitioners in BCU HB who fell in to this category are employed as Health Visitors however they still require a named SoM in order to comply with the NMC requirements. SoMs in BCU HB are looking to manage the additional caseload by setting up group supervision for these registrants. This not only makes the workload manageable for SoMs but also provided peer support for a group of professionals who may have otherwise found themselves isolated from the midwifery profession and enabled them to benchmark their activity against each other.

3.2 Involving service users in supervision

The BCU HB has an active Maternity Service Liaison Committee (MSLC) and the LSA MO or SoMs has attended meetings on a few occasions to highlight relevant issues in regard to supervision. Most recently the committee had a presentation on the FPS model and how women would be able to access the support of a SoM. The chair of the MSLC was unable to attend the annual audit day. However the SoMs and midwives had discussions with the lay reviewers during the audit visit in regards to sharing user views on how statutory supervision had supported women accessing maternity care in BCU HB.

The LSA lay reviewers also engaged with women who were using the services of BCU HB during each of the Pyramid visits. It was disappointing to find, throughout the year, how few service users either had any knowledge of supervision and its purpose or had actually accessed a SoM for advice or support. Conversely this could be a positive response meaning those women who met with the lay reviewers were content with the care they received which was, almost without exception, the feedback women and their families articulated. It was most helpful to the LSA and the service to see the ward through the eyes of a service user and lay reviewers provided specific feedback on the environment of care and the appropriateness of information available for women. The lay reviewers had input to the quarterly reports back to the HoM and took part in proof reading the report before it was released.

The BCU HB SoMs were instrumental in setting up the LSA contact with the Community Health Council for BCU HB so that the LSAMO could arrange to attend a meeting with them to raise the profile of statutory supervision and share with them the proposed model for supervision in Wales.

3.2.1 Overview of LSA audit activity – risk and benefit realisation

Table 1 Betsi Cadwaldr University Health Board Self Assessment Action Plan

Quarterly Progress Report on Team Competency Tool/Audit Recommendations

Stan. No.	Criteria/Measure	HB SoM planned action for improvement	Stan. No.	Criteria/Measure	HB SoM planned action for improvement
1	Midwife's views and experiences of statutory supervision are sought. MODERATE	A questionnaire for 2013 to seek the views and experiences of midwives of statutory supervision was circulated to all midwives via email and hardcopies provided in all clinical areas across BCUHB. 21% of midwives have completed questionnaires. SoMs to publish evaluation report to relevant governance committees	9	Regular meetings of SoMs are convened to share information and proceedings are recorded STRONG	TOR and format to be revisited to ensure maximum engagement and attendance at future meetings. If pattern noted in regard to competing demand with SoM role & substantive post an exception report will be filed with the LSA following the missed meeting (FPS model pending)
2	Confidential supervisory activities are undertaken in a room that ensures privacy. STRONG	All SoMs to prepare for pending FPS model to update / archive SoM records ready for handover	10	Effective mechanisms are in place to ensure that every SoM receives information disseminated by statutory bodies STRONG	No new planned action
3	SoMs participate in developing policies and evidence-based guidelines for clinical practice. STRONG	A SOM sits as a member of the Written Control Document Group.	11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies. STRONG / MODERATE	A flow chart agreed between the risk lead for maternity and Supervision that indicates how supervision is notified of incidents involving practice issues. There are also improved links between the risk leads and the contact SoM and if practice issues are identified from an incident they are reported both verbally and formally/written. There is also a Clinical Governance policy in progress which recognises Supervision.
4	All midwives have access to documentation of local guidelines and policies in electronic or hard copy.	All policies are circulated to midwives both in the clinical area and via email. There is a daily SBAR safety briefing which	12	An interface between supervision & risk management is evident in the investigation of critical incidents	Supervisors are invited to attend Serious Incident review and Local Incident review meetings. Supervisors continue to provide an outcome report to management/the

	STRONG	includes circulation of new policies. Also new policies are highlighted in group supervision and in annual reviews and supervision newsletter		STRONG / MODERATE	organization from investigation reports. An investigation log is kept, the LSA database is updated accordingly and documents uploaded. Representatives from the SoM team attend local meetings such as the Risk/CTG/Perinatal Mortality meetings. Regular reporting is achieved at SoM meetings.
5	Midwives are provided with/ attend skills & drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations STRONG	Supervision has supported education events in the year 2013 for instance the normality study day/antenatal education/ water birth study day. There is evidence of attendance at skills drills on labour ward, and the database of midwives attending training across BCUHB.	13	Outcomes of investigations of critical incidents are disseminated to inform practice STRONG/MODERATE	SoMs prepare minutes of feedback meetings following supervisory investigation. LSA and BCUHB SoM newsletter are circulated to all midwives via email and are included on notice boards with themes from incidents. These are also discussed in group supervision including action plans that have come from an incident review and discussed in SoM meetings as a standing agenda item.
6 7	SoMs retain records of Supervisory activities Supervisory records are maintained and stored in a secure way STRONG x 2	See V2	14	Audit of record keeping of each midwife's records takes place annually. STRONG	
			15	Information pertinent to statutory supervision of midwives is publicised through e.g. Newsletters, bulletins, web-sites, e-mails, voice mail and reports by LSA, Employers and SoM STRONG	Supervision boards are visible in all maternity areas. The notice boards are updated, contact numbers are displayed for members of the public. To continue to display the LSA Newsletter An executive summary of the LSA Annual Report is disseminated to the Executive Board and user groups.
8	Support is provided for SoMs in their administrative tasks in line with LSA funding STRONG	There is dedicated administrative support 7.5 hours/week. Responsibilities include supporting monthly meetings, organising Away Days, booking conferences and communicating with the LSA support team	16	SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety. STRONG /MODERATE	Daily safety briefings in the clinical area on an SBAR format need to be used consistently across the service area and a greater compliance with daily equipment checks such as on the resus trolley paperwork Supervisors to make sure this continues by using a chart that evidences that checks have taken place please see shared drive. Safety check monthly calendar initiative is underway to be considered at the next SoM meeting for implementation.
17	SoMs make their concerns	SoMs contribute to the Risk register through their attendance at Quality and Safety and through interface with the Risk Lead.			

	<p>known to their employer when inadequate resources may compromise public safety in the maternity services.</p> <p>STRONG/MODERATE</p>	<p>Particularly if inadequate resources or system failings become apparent through investigation of incidents. The risk register is discussed as a standing item.</p> <p>Regular monthly meetings are held between HoM, LSAMO and Contact SoM to ensure Statutory Supervision can function.</p>
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3.2.2 In summary the annual audit of supervision in BCU HB showed that the HB met all 17 standards set by the NMC. Eleven, 65% of standards were met with strong evidence, a further five, 29% of standards were demonstrated as being met with strong to moderate evidence and only one standard, 6% was measured as having moderate evidence. The SoM team had completed a self assessment prior to the audit visit and where they considered their evidence was less robust they identified appropriate improvement action to ensure the standard develops further in the coming year. The action planning supports the FPS SoMs to focus on what needs to be done as a matter of priority as the new model embeds.

Throughout the year the LSA has also conducted quarterly Pyramid visits as an extension to the audit process. The LSA MO was given free access to clinical areas of choice and was supported during the visit by an LSA lay reviewer. A specific interview schedule was pre prepared with the lay reviewer concentrating on the environment of care and seeking women's and families' views whilst the LSA MO focused on discussions with staff, ward safety and record keeping and storage. On occasions the LSA team was joined by a SoM from the Health Board who was able to see the ward from a different perspective.

The LSA found this a very useful exercise and had access to many more women and midwives views than by doing a one off annual event. Notes were taken by each member of the team and at the end of the visit a debriefing took place to identify any areas of concern that needed to be highlighted to the ward manager or the HoM for immediate attention. A draft report was prepared by the LSA MO from the notes of the meeting and the debriefing session and then shared with the visiting team for factual accuracy. Once agreed the report was submitted to the HoM with areas of good practice and areas for development highlighted.

3.3 Notable and Innovative Practice

Quarter 1 Wrexham Hospital

Good Practice

- A well ordered, clean, tidy and calm environment where staff demonstrated a high level of professionalism in their work and their approach to women was good.
- Staff we spoke to were aware of how to contact a SoM and informed of forthcoming changes in supervision
- Midwives and SoMs valued a recent lunchtime learning session to discuss the legal and duty of care elements of "free birthing"

Areas for improvement

- The location of the SoM display board is limited in regards to how many women and staff would see the information
- Greater assurance needed in regards to the process for equipment checking and evidence of greater compliance.

Quarter 2 Glan Clwyd Hospital

Good Practice

- Supervision board was eye catching, modern and informative.
- Supervisors wear name badges that also identify them as SoMs. This has proved useful as women enquire about the title and role of SoMs
- Midwives highlighted the benefits of a Normal Birth workshop with Denise Walsh which was held in August 13

Areas for improvement

- SoM display boards need to be consistent across all areas in BCU Health Board
- Higher visibility of SoMs who will be working full time in the revised model so staff are more informed in regards to forthcoming changes
- Greater assurance needed in regards to the process for equipment checking and evidence of greater compliance.

Quarter 3 was the annual audit visit and therefore there was no separate Pyramid report

Quarter 4 Bangor Hospital

Good Practice

- Midwives reported that group supervision is an excellent opportunity for their annual supervisory review process.
- The policy and guideline folder in the Antenatal Day Assessment Unit (ADAU) was well organised with up to date policies to support the range of antenatal referrals
- The ADAU environment was well organised, calm and supportive for women who needed to attend with antenatal concerns.

Areas for improvement

- Policy and guideline folder in the delivery suite has old policies and guidelines which pose a risk to clinicians. This was highlighted on the day of the pyramid visit and it was agreed that all policies and guidelines should be accessed from the intranet area
- The daily Safety briefing was well designed but needs to be evident that this is used more effectively. The relevant information such as labour ward forums, risk meetings and group supervision should be featured to ensure staff were aware that these were available to them
- Greater assurance needed in regards to the process for equipment checking and evidence of greater compliance.

4 Betsi Cadwaldr Health Board Future Proofing Supervision Shadow/Hand Over Plan

Issue	Action Required	By Who	By When	Progress/Outcomes
Substantive role of FPS SoM	Backfilled and appropriate handover completed	All FPS SoMs		Complete
Generic email to all SoMs	Requesting annotation of LSADB and completing as many ASR due within the next month or so	LSAMO JR	July 14	Complete
Handover of SoM caseloads	LSADB appropriately annotated and 1:1 meetings arranged where required	All SoMs	By beg Nov	Transfer Karen Roberts list of midwives to Maureen Wolfe at start of Nov.
Sharing existing resources	Letters re group supervision, posters etc.	JH, MW, JL		Complete on I share
Current SoM records	Devise local plans for centralising all paper SoM files, shred any files where midwife deceased or out of service great than 7year, Over 1 to 2years plan to scan and store electronically all paper files and destroy paper copies Plan to transfer all paper copies of SoM investigation material to the LSA over 1 to 2 years	All SoMs to FPS SoMs	31/8/14 and ongoing	Ongoing
Current investigations	Close off all current investigations and learning activities. Handover to FPS SoMs if appropriate where learning is ongoing	All SoMs	31.7.14	Complete
Final SoM meetings	To facilitate sharing of outstanding action from SoM action plan Identify any issues to be taken forward by FPS SoM	All SoMs		Complete
Shadow SoM arrangements	Where progress is not as advanced each health Board will need to devise an interim shadow plan to enable hand over to take place in an appropriate time	All SoMs		Complete
Networking across Health Boards	To raise the profile of FPS SoMs and model, to begin relationship building in support of cross Health Board working	FPS SoMs working with current SOMs and SoMs in waiting		Ongoing but all BCU HB aware
Increasing visibility and raising	Walking the patch both in acute and	FPS SoMs		Complete

the profile of the revised model	community settings FPS SoMs to ensure that the At all glance what's changing posters are displayed in all appropriate clinical places in acute and community settings			
Group Supervision sessions	Group supervision should be planned until March 2015 Midwives at all levels to be actively targeted to attend groups before their ASR is due	FPS SoMs		Complete
SoM notice boards	FPS SoMs to ensure all SoM notice boards reflect the new model and contain sufficient information on who the active SoMs are in each Health Board, how to contact a SoM and why a woman or midwife may wish to contact a SoM LSAMOs to work with SoMs to develop a collage of FPS SoM pictures for each notice board	FPS SoMs LSAMOs		Complete
Template letters re change	Midwives LMEs for students	FPS SoM sub group LSAMO		Complete
Innovation in SoM Practice	Update action plans for the innovation in practice for the following sub groups <ul style="list-style-type: none"> • Student Midwives • Engaging with women • Profile of supervision • Use of Social Media 	FPS SoMs		
All Wales on call system	To go live from 4 th august 2014 All FPS SoMs to have tested the logging in and logging out process Posters to be printed and circulate FPS SoMs to ensure that the On Call posters are displayed in all appropriate clinical places plus other areas such as switchboard, GP practices, etc.	FPS SoMs	4.8.14	Complete
		GF	31.7.14 28.7.14	Complete
		FPS SoMs	1.8.14	
Annual leave plans	FPS SoMs to identify and share with the LSA currently booked leave to	MW	To inform GF at beg of Nov	Complete

	enable adequate cover to be put in place as needed		of annual leave	
SoM development plans	SoMs to work with the LSAMOs to identify further development needs so that adequate resources can be identified to support this	FPS SoMs/LSAMOs	30.9.14	
Regional Admin time	Admin hours needed to support SoMs in local WG offices	LSAMOs	4.8.14	In train North Wales appointed Mid and SE to be agreed
Succession planning	Revisit the FPS recruitment process and identify PoSoM needs for October 14	LSAMOs	17.9.14	In train applications to be with end Feb 2015
LSA & SoM meetings	FPS SoMs no longer called FPS but become SoMs Plan weekly to monthly LSA meetings	SoMs LSAMOs	4.8.14 31.7.14	
Active SoM in waiting development	Plan an awareness day for all active SoMs in waiting to enhance their understanding of the SoM in waiting role, the on call rota the revised role of the SoM in line with MRS etc.	LSAMOs and active SoMs	Oct 2014	Have had requests from SoMs for shadowing opportunities

5 Conclusion

As in previous years the BCU HB SoM team have worked hard to deliver supervision to a high standard. The annual audit process is testament to their achievements in year. SoMs have also been noticeable in providing visible leadership and innovation in practice evidenced by the Director of Nursing award as “Rising Stars” for the implementation of group supervision since June 13. The SoM team implemented the group supervision concept to address outstanding annual reviews. The SoMs were able to share their learning with SoMs across Wales at the launch of the all Wales Annual Supervisory Review documentation in November 2013. The local SoMs have been influential in sharing their experience to support the roll out the group supervision concept across Wales in the revised model. BCU SoMs attended the UKLSAMO national conference to present a seminar presentation for supervisor of midwives on the evaluation of the group supervision concept.

Whilst the transition to the FPS model has not been an easy one for some individuals everyone embraced the chance and supported colleagues who put themselves forward for the FPS model. The development of a good self assessment action plan for the annual audit of supervision, as well as the contributions the whole team have made to the shadowing and hand over plan has put the SoMs in the revised model in a strong position to drive further improvement forward in the coming months.

The LSA is grateful to all SoMs both past and present for their input and commitment to the delivery of statutory supervision and the contribution SoMs make to supporting midwives to support women. We believe the revised model of supervision in Wales, provided by a team of SoMs whose only role is supervision can only be for the better. Already we are seeing improved outcomes in the completion of investigations, increased compliance with the ASR process and achievements and have had much positive feedback from midwives despite the fact that there was a degree of negativity from some about how successful the project would be.

We look forward to working with the current team of SoMs to further demonstrate that supervision is a valuable resource for the midwifery profession and does really add value to the existing governance structures.



Appendix A

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

Date: Tuesday 7 January 2014

Location: Q3 Pyramid Visit Ysbyty Glan Clwyd, Bodelwyddan
Audit Presentation at Faenol Fawr, Bodelwyddan

No.	Time	Activity
1	0915	Introduction from the LSA review team
2	0930	Q3 Pyramid Visit and LSA Listening clinical to verify evidence within the clinical environment
3	1130	Coffee and arrival at Faenol Fawr
4	1200	LSA MO presentation to set out the purpose of the 13-14 audit process of supervision and the future direction of supervision set out by the NMC To be invited – Director of Nursing Head of Midwifery Contact SoM Local SoMs Administrative support for supervisors of midwives
5	1230	Working Lunch 45 minute overview presentation from local SoMs to include; 1. Summary of progress in delivering operational plan 2013-2014 2. Control measures for outstanding priority actions by end of quarter 4 to inform 2014-15 plan 3. Examples of Good Practice and achievements of SoM team 4. Examples of local profile of supervision
6	1315	15 min Questions and Answers
7	1330	LSA Review team to summarise findings and draft information for report
8	1430	Feedback to SoMs with overview of day and next steps
	14 Jan 14	1:1 HoM and Contact SoM to review Q3 Balance scorecard for specific issues

List of Participants in the Annual Audit process – Betsi Cadwaladr HB

Assistant Director of Nursing –Rena Cartmell

Head of Midwifery – Fiona Giraud

Senior Midwifery Manager/SoM – Sharn Jones

Senior Midwifery Manager/SoM – Sian Youseff Mohammed

Senior Midwifery Manager/SoM – Maureen Wolfe

Senior Midwifery Manager/SoM – Jan Quarmby

Senior Midwifery Manager/SoM – Liz Jones

Senior Midwifery Manager /SoM – Gaynor Lloyd

Contact SoM – Ruth Carter

Risk / Governance Midwife / SoM – Gillian Murnane

Members of the SoM team

Joy Coughlin
Sali Williams
Julie Hurford
Jo Lavery
Julie Reeve
Meinir Clayton Evans
Karen Roberts

Secretarial support for SoM – Lynda Kenway

Met by the LSA Team

Midwives within Glan Clwyd Hospital

Student Midwives

Apologies:

Director of Nurse Angela Hopkins – represented by Rena Cartmell