

Annual LSA Audit & Handover Report

2013-2014

Cardiff and Vale Local Health Board

amddiffyn y cyhoedd
trwy oruchwyliaeth
statudol o fydwraedd



protecting the public
through statutory
supervision of midwives

NAME Julie Richards

LSA MO

Date 31.10.14

Contents

- 1 Executive Summary.....
- 2 Introduction
- 3 Audit Findings
- 4 Future Proofing Supervision Shadow / Hand Over Plans
- 5 Conclusion.....
- 6 Appendices

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 Cardiff and Vale (C&V) 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 **MODERATE** evidence and there was just 6% (1) standard where evidence was assessed as being **WEAK** due to a vacancy of admin support since July 2103. Development actions will be put in place to strengthen the supervisory function.

The C&V HB SoMs appointed to the revised model of supervision will work towards delivering their action plan as set out in section four 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 five. 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 (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 NMC standards. 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 C&V HB, took place on 30th 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 LSAMO, supported by experienced SoM, Julie Hurford from Betsi Cadwaladr and Claire Foster and Elizabeth David 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 C&V 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 Nurse Director, Head of Midwifery, Governance 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 Cardiff and Vale HB had 287 midwives and 16 SoMs giving a ratio of 1:18. 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 3 days per month which gave an adjusted ratio of 1:15.

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

In the audit year six SoMs in C&V 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.

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 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.

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.

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). C&V HB SoMs had a continuous compliance of 100% of midwives with an allocated named SoM throughout the year. The average rate of compliance with the ASR meetings was 92% across the audit year. This figure was affected by the number of SoM de-selections in quarter three when compliance fell to 90% but recovered to 94% in quarter four following the provision of additional SoM hours. The SoMs in the FPS model recognised the ASR compliance as a priority and have made quick progress to increase compliance to 99% by the end October 14.

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 and 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).

CV 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 audit identified some local confusion in C&V HB on maternity administrators misunderstanding the difference between a Senior Midwife and SoM which was quickly address in preparation for the roll out of an all Wales SoM On Call rota.

The LSA MO attended 75% of C&V 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

C&V HB, like other HB across Wales have a number of practitioners who use their midwifery registration but are not directly employed in a midwifery role. The practitioners in C&V 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 C&V HB decided to manage the additional caseload by setting up group supervision for these registrants. This not only made 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 C&V HB has a very active Maternity Service Liaison Committee (MSLC) and the LSA MO 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 met with the lay reviewers to share their views on how statutory supervision had supported women accessing maternity care in C&V HB. The SoM's have worked closely with the MSLC with a "walk the patch" opportunity for women to speak directly with the MSLC about their experience and complete the "2 minutes of your Time" survey.

The LSA lay reviewers also engaged with women who were using the services of C&V 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 C&V HB SoMs were instrumental in setting up the LSA contact with the Community Health Council for C&V HB so that the LSAMO could 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 Cardiff and Vale Health Board Self Assessment Action Plan

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	Midwives have received a copy of a 13-14 questionnaire. SoMs to complete final analysis of information once all responses are received. To plan to present evaluation through relevant 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	Supervisors office has been well utilised for annual reviews, 1:1 meetings and supervisory activities, by Contact SoM and Supervisors. 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	There is a dedicated SoM on the Professional Group where guidelines are taken for development and ratification SoMs take part in the proposed changes and development of new clinical guidelines SoMs have proposed changes and have been active in developing new guidelines	11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies. MODERATE	SoMs to increase interface and attendance to clinical governance meetings, providing feedback to SoMs on a monthly basis. Supervision has been added as an agenda item at Clinical Governance meetings. SoM's to continue to attend feedback meetings on conclusion of Root Cause Analysis. SoM's to be more involved with informal concerns, clear process of referral from Risk Manager.
4	All midwives have access to documentation of local guidelines and policies in electronic or hard copy. STRONG	All SoM's to continue to e-mail new guidelines to supervisees, highlight in SoM safety briefing and ensure that hard copies are displayed on notice boards in relevant clinical areas.	12	An interface between supervision & risk management is evident in the investigation of critical incidents MODERATE	SoMs to continue to increase interface with risk management and critical incidents using a flowchart that has been devised to ensure a clear interface between risk management and supervision.
5	Midwives are provided with/	SoMs teach on the three day	13	Outcomes of investigations of	All Midwives involved in critical incidents are

	attend skills & drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations STRONG	course and have been integral to the development of the course. A course specific to managing emergencies in the community for community midwives is being developed to commence in 2014.		critical incidents are disseminated to inform practice MODERATE	supported to attend the RCA and clinical risk meetings when case is reviewed. Recommendations from clinical risk reviews and RCA's are feedback to Midwives by their SoM's. Information is cascaded to midwives by email and on safety briefings held 12 hourly throughout the maternity unit
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	SoM team to do smaller, more frequent audits in order to add value/timeliness to findings - do regular audit at group supervision sessions. This will also offer an opportunity to conduct peer audit Future work is being developed to cross reference the woman's experience is matched by the midwives records.
			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 WEAK	Admin support role has been vacant since July 2013. At the time of the audit visit, the vacancy was out to advert	16	SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety. MODERATE	An Autumn Pyramid Visit highlighted a deficit in the standard of checking documentation of equipment in some areas. SoM's were involved in raising the standard and on a return visit the LSAMO noted an improvement. A SoM developed a safety checklist for all equipment on delivery suite and midwife 'champions' have been nominated to ensure this is completed effectively. The community equipment audit was led by Supervision and was reported to the LSA in SBAR format.

					The RCOG CTG monitoring package is available to all midwives and SoM's have ensured there is internet access via the clinical portal for midwives to be able to complete this package by April 2014.
17	SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services. STRONG/MOD	SoM's have appropriately highlighted concerns regarding inadequate resources. Birthrate Plus is a standing agenda item. SoM's are made aware of staffing issues as they arise. SoM's are aware of the Directorate Escalation protocol.			

3.2.2 In summary the annual audit of supervision in C&V HB showed that the Health Board 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 weak 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 de briefing took place to identify any areas of concern that needed to be highlighted to the war 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 2 and follow up visit 1 month later - all clinical areas in Cardiff and Vale Hospital and follow up

Good Practice

- The standard of information for women and families was well designed and up to date notice boards
- The dedicated SoM room was welcomed by SoMs, Student SoMs and midwives with everything they need for supervision in one place
- The monthly safety briefings produced by SoMs were bright, informative and a good way to share key information from SoMs to midwives.
- It is encouraging that the service has invested time in a specific project to explore the availability of homebirth services to women.

Areas for improvement

- The concerns raised regarding equipment checking during the first visit in October 13 were swiftly picked up by SoMs and clinical leads. Assurance was provided and the topic was highlighted in the daily safety briefings at handover
- There is a need for a consistent well ordered, clean, tidy and calm environment where staff demonstrated a high level of professionalism in their work, equipment checking and their approach to women.
- The service should consider the infection control risks and non compliance with the All Wales Uniform recommendations from the CNO with the current arrangement for community midwives to continue wearing mufti clothes rather than the agreed uniform when they are called in to support intrapartum care for women
- Whilst the LSA welcomed the change to no longer offer routine CTG assessment for low risk women, the service should consider the evidence base and risk in still storing a CTG Machines in Midwife Led Unit in case of emergencies. The LSA is required to promote safe and effective midwifery care for women and we feel this matter needs attention at the highest level to ensure women continue to receive appropriate, evidence based care with a clear pathway for women who require CTG assessment to be immediately transferred to an appropriate obstetric led environment.

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

Quarter 4

Good Practice

- It was encouraging that the concerns raised regarding environments of care and equipment checking had been fully addressed since the follow up visit in November 13.
- A SoM developed a safety checklist for all equipment on delivery suite and midwife 'champions' have been nominated to ensure this is completed effectively.
- The community equipment audit was led by Supervision and was reported to the LSA in SBAR format.

Areas for improvement

- SoM's have appropriately highlighted concerns regarding inadequate resources.
- Birthrate Plus is a standing agenda item in SoM meetings so SoM's are made aware of staffing issues as they arise.

4 Cardiff and 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		3 supervisees delayed transfer until 10th October 2014 whilst a SoM finalised database record Complete
Sharing existing resources	Letters re group supervision, posters etc.	JH, KR, JL		Letters agreed and implemented
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	Files centralised need concerted effort to sort through remaining relevant up to date documents and shred out of date documents 7 lever arch files remaining
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 tom be taken forward by FPS SoM	All SoMs		Final meeting has taken place
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	All SoMs		N/A

	appropriate time			
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		All SOMs
Increasing visibility and raising the profile of the revised model	Walking the patch both in acute and 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	FPS SoMs		SOM on site Monday to Friday the majority of time (sickness) Attendance of SOMs at relevant meetings forums (community teams, LWF) Contact with Cardiff Flying start Contact with HV's (RM) set up group for HV's 17/10/14. Need to meet with Vale Flying start. Contact made date not yet set
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		All SOMs have timetable for GROUP ASR and have undertaken sessions
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		Notice Boards in clinical area LSA with posters displaying contact details
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		SJ Profile group
All Wales on call system	To go live from 4 th august 2014	FPS SoMs	4.8.14	Complete

	<p>All FPS SoMs to have tested the logging in and logging out process Posters to be printed and circulate</p> <p>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.</p>	<p>GF</p> <p>FPS SoMs</p>	<p>31.7.14 28.7.14</p> <p>1.8.14</p>	<p>Complete</p>
Annual leave plans	FPS SoMs to identify and share with the LSA currently booked leave to enable adequate cover to be put in place as needed	FPS SoMs /LSA	1.8.14	SJ few remaining days to book
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 LSA by 31.7.14
LSA & SoM meetings	FPS SoMs no longer called FPS but become SoMs Plan weekly to monthly LSA meetings	FPS 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	31.7.14	

5. Conclusion

As in previous years the C&V 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 strong leadership and innovation in practice. A group of SoMs worked with midwives to use the patient story concept to redesign the recordkeeping audit tool to meet with users as part of records audit to see if the notes reflected the woman's story of her care. The SoM team have also strengthened their interface with the governance agenda with identified SoMs presence at Clinical Risk, Quality & Safety, Professional Midwifery & MSLC forums.

Clinical Risk meetings are attended by a team of SoM's on a rotational basis, this is a standing agenda item at SoM meet

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: Thursday 30 January 2014
Location: University Hospital of Wales, Cardiff

No.	Time	Activity
1	0900	Arrival & Coffee
2	0930	<p>Introduction from the LSA review team</p> <p>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</p> <p>To be invited – Director of Nursing Head of Midwifery Contact SoM Local SoMs Administrative support for supervisors of midwives</p>
3	0945	<p>45 minute overview presentation from local SoMs to include;</p> <ol style="list-style-type: none"> 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
4	1030	15 min Questions and Answers
5		Break
6	1100	Q3 Pyramid Visit and LSA Listening clinical to verify evidence within the clinical environment
7	1300	Lunch
8	1330	LSA Review team to summarise findings and draft information for report
9	1430	Feedback to HoM and SoMs with overview of day and next steps
10	1500	1:1 HoM and Contact SoM to review Q3 Balance scorecard for specific issues

Appendix B

List of Participants in the Annual Audit process – Cardiff and Vale HB

Director of Nursing – Ruth Walker

Head of Midwifery – Mary Coakley

Senior Midwifery Manager/SoM – Eirlys Ferris

Contact SoM – Karen Hone

Governance Lead – Anne Morgans

Members of the SoM team

Secretarial support for SoM – Alison Martin

Met by the LSA Team

Midwives from across the maternity service

Student Midwives

Apologies:

None known