

Annual LSA Audit & Handover Report

2013-2014

Cwm Taf 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

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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 Cwm Taf 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 53% (9) 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 18% (3) standard where evidence was assessed as being **MODERATE** and development actions will be put in place to strengthen the supervisory function.

The Cwm Taf 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 nine priority 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 Cwm Taf HB, took place on 29th 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, Wendy Sunderland Evans from AMBU Health Board 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 Cwm Taf 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, Risk Midwife, SoMs, midwives, student midwives, maternity link for Community Health Council 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 Cwm Taf Health Board had 209 midwives and 16 SoMs giving a ratio of 1:13. The team had experienced an increasing ratio due to a number of SoMs who deselected in the 12-13 period. The SoM team have benefitted from support from the workforce and organisational team to enhanced their leadership and team working to support midwives with some of the challenges that Cwm Taf Maternity serves were facing with culture, values and behaviours.

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

In the audit year a further two SoMs in Cwm Taf 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

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.

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

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.

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). Cwm 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 91% across the audit year. The compliance fell to 85% in the earlier part of the year which was affected by the number of SoM de-selections in 12-13 and SoMs with competing pressures with their substantive role. The compliance recovered to 96% in quarter four following the specific actions identified in the annual audit visit.

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).

Cwm Taf 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.

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

The LSA MO attended 75% of Cwm Taf 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.

3.1.3 Impact on supervision of midwives working outside of maternity services

Cwm Taf 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 Cwm Taf 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 Cwm Taf 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 Cwm Taf HB has an established Maternity Service Liaison Committee (MSLC). The LSA MO and / 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. Representation from the MSLC and the maternity links for the Community Health Council (CHC) attended the annual audit day and met with the lay reviewers to share their views on how statutory supervision had supported women accessing maternity care in Cwm Taf HB.

The LSA lay reviewers also engaged with women who were using the services of Cwm Taf 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 Cwm Taf HB SoMs and the maternity links for the CHC were instrumental in setting up the LSA contact with the Community Health Council for Cwm Taf 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 Cwm 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	SoM's plan to redistribute audit tool at annual review with an endeavour to increase response rate an re-audit. This will provide a benchmark for comparison for 2014-15 audit with the introduction of Future Proofing from April 2014	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.	All SoM's to ensure that they confirm their attendance at meetings, specifying their SoM	11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their	SoMs to increase interface and attendance to clinical governance meetings, providing feedback to SoMs on a monthly basis.

	STRONG/MOD	capacity		strategies. MODERATE	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/MOD	All SoM's to continue to e-mail new guidelines to supervisees 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/ attend skills & drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations STRONG	All SoM's to continue to be involved with PROMPT training, with the training programme changing annually through identified training needs in response to clinical incidents.	13	Outcomes of investigations of critical incidents are disseminated to inform practice STRONG/MOD	SoMs to continue to be included in Individual feedback provided to staff via multi-professional and one to one meetings Learning to continued to be shared as key messages at SoM meetings. A monthly Newsletter is circulated identifying themes and trends, and another identifying lessons learnt..
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
			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	There is dedicated administrative support 7.5 hours/week.	16	SoMs are involved in formulating policies, setting standards and	SoM's will closely monitor their supervisees performance in CTG assessment and will

	line with LSA funding STRONG	Responsibilities include supporting Monthly meetings, organising Away Days, booking conferences through Oracle. Communicating with the LSA support team		monitoring practice and equipment in the interest of Health and Safety. STRONG/MOD	support individual, should they not meet the required standard SoMs to work with Supervisees are required to show evidence on completing the CTG assessment
17	SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services. STRONG/MOD	<p>The SoM team have mechanisms by which their concerns can be highlighted, however this needs to be furthered to ensure concerns are acted upon</p> <p>When a concern is raised it must become de-rigueur to audit change; this must be reflected during minutes and documentation. The individual nominated to undertake audit activity and timescale, will be documented within minutes/outcome summary also</p>			

3.2.2 In summary the annual audit of supervision in Cwm Taf HB showed that the Health Board met all 17 standards set by the NMC. Nine 53% of standards were met with strong evidence, a further five, 29% of standards were demonstrated as being met with strong to moderate evidence and three standard 18% 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 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 1 Prince Charles Hospital

Good Practice

- The Birth Centre environment in Prince Charles has gone from strength to strength and is now a welcoming oasis of normality
- Women reported their experiences as extremely positive about the care that they had received and they were very grateful for the fabulous care received by the midwives.
- Midwives were well informed about ward procedures, accessing policies and how to contact a SoM

Areas for improvement

- SoM information boards need to be consistent with the update information. eg SoM display board on delivery suite had not been updated with information designed from 12-13 away day

- SoM information boards to have clear information on how to contact a local SoM
- Upon arrival at the hospital LSA Lay Reviewer asked for directions to the Birth Centre (at the hospital reception desk), the receptionist did not know that there was a Birth Centre in Prince Charles hospital. The receptionist advised that the Birth Centre in Aberdare was now closed. It would be good for internal communication to raise the profile of the availability of the birth centre in Prince Charles so the message is positively conveyed by all hospital staff to the public

Quarter 3 Royal Glamorgan Hospital

Good Practice

- Information boards with well presented statistical information using sunflowers was very eye catching and informative to users in regards to normality and water birth
- Positive environment changes to encourage normality and water birth
- The Forget me knot environment was calm and peaceful for the care of women and families who have experienced bereavement

Areas for improvement

- Greater communication to all midwives is needed with regards to Future Proofing Supervision to raise awareness and improve their knowledge and understanding of the new model.
- SoMs need to prepare for the revised model with clear plans for archive, storage, transfer of SoM records.
- Greater assurance is needed in regards to the process of checking all community midwives' equipment rather than a random selection.

Quarter 3 was the annual audit visit which took place in Royal Glamorgan Hospital and therefore there was no separate Pyramid report

Quarter 4 Prince Charles 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.
- A recent initiative with volunteers training to conduct visiting tours is an excellent concept with clear benefits for women and their families. It is recommended that the "tour guides" are aware of the role of supervision and the ability to signpost women if they raise any concerns.
- Midwives were positive about the forthcoming changes in supervision and the benefits for developments with the all Wales annual supervisory review documentation.

Areas for improvement

- A room to support the infant feeding especially expressing milk has recently been set up on the Birth Centre. The pyramid visit highlighted a gap in checking the fridge on a daily basis to ensure that dated expressed milk was appropriately stored. Immediate action was taken to remove out of date milk.
- SoM information boards need to be consistent with the update information.
- Whilst all midwives felt informed about the forthcoming changes in supervision, it was highlighted that midwives would welcome group supervision as a concept for their annual supervisory review process.

4 Cwm Taf 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		All Completed
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	Sent August 2014
Handover of SoM caseloads	LSADB appropriately annotated and 1:1 meetings arranged where required	All SoMs		Completed 26 th September
Sharing existing resources	Letters re group supervision, posters etc.	JH, KR, JL		Completed
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, awaiting clarification from exiting SoMs on the location of all SoM records to store.
Current investigations	Close off all current investigations and learning activities. Handover to FPS	All SoMs	31.7.14	Handover completed

	SoMs if appropriate where learning is ongoing			
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 in July 2014
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		
Networking across Health Boards	To raise the profile of FPS SoMs and model, to begin relationship building in support of cross Health Board working	SoMs working with current SOMs and SoMs in waiting		Started and ongoing
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	SoMs		Visibility in all settings- All areas visited by Som's . Notice boards work completed. Regular liaison with Head of Midwifery at monthly meetings.
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	SoMs		Sessions have started and are booked until the end of March.
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,	SoMs LSAMOs		Attended senior midwives meeting Telephone numbers and on call info available on all sites Photos of team displayed in

	<p>how to contact a SoM and why a woman or midwife may wish to contact a SoM</p> <p>LSAMOs to work with SoMs to develop a collage of FPS SoM pictures for each notice board</p>			all areas.
Template letters re change	<p>Midwives</p> <p>LMEs for students</p>	<p>SoM sub group</p> <p>LSAMO</p>		Meeting LME in October
Innovation in SoM Practice	<p>Update action plans for the innovation in practice for the following sub groups</p> <ul style="list-style-type: none"> • Student Midwives • 2.Engaging with women • Profile of supervision • Use of Social Media 	FPS SoMs		<ul style="list-style-type: none"> • 2 Final draft out for consultation
All Wales on call system	<p>To go live from 4th august 2014</p> <p>All FPS SoMs to have tested the logging in and logging out process</p> <p>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>	SoMs	4.8.14	Done
		GF	31.7.14 28.7.14	Done
		SoMs	1.8.14	
Annual leave plans	<p>FPS SoMs to identify and share with the LSA currently booked leave to enable adequate cover to be put in place as needed</p>	SoMs /LSA	1.8.14	Done
SoM development plans	<p>SoMs to work with the LSAMOs to identify further development needs so that adequate resources can be identified to</p>	SoMs/LSAMOs	30.9.14	Done

	support this			
Regional Admin time	Admin hours needed to support SoMs in local WG offices	LSAMOs	4.8.14	North Wales established and SE , undergoing induction at present
Succession planning	Revisit the FPS recruitment process and identify PoSoM needs for October 14	LSAMOs	17.9.14	Date for POSOM course March 2015. Applications due in Jan 2015. Publicity of course November/December
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	Done
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	Contact from 2 SoM's in waiting and shared their action plan

5 Conclusion

As in previous years the Cwm Taf HB SoM team have worked hard to deliver supervision to a high standard. The annual audit process is testament to their achievements in year with a number of presentations highlighting the work of the team. SoMs have also been noticeable in strengthening their team approach to supervision with each SoM presenting their 60 seconds of fame at their annual away day. The SoM team have improved their interface with governance and links with the Chief Executive and Director of Nursing attending their annual away day.

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: Wednesday 29 January 2014
Location: Royal Glamorgan Hospital, Llantrisant

No.	Time	Activity
1	0900	Arrival & Coffee
2	0930	Introduction from the LSA review team 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
3	0945	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
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

List of Participants in the Annual Audit process – Cwm Taf HB

Director of Nursing – Lynda Williams

Assistant Director of Nursing and Lead for Patient Safety- Claire Bevan

Head of Midwifery – Rachel Fielding

Senior Midwifery Manager/SoM – Ruth Friel

Senior Midwifery Manager/SoM – Andrea Thomas

Contact SoM – Dawn Meredith

Risk Co-ordinator / SoM – Myfanwy Ellis

Members of the SoM team

Theresa Jones

Zoe Ashman

Julie Evans

Secretarial support for SoM – Sarah Whiles

Met by the LSA Team

Maternity links from Community Health Council

Midwives from across the maternity services

Student Midwives

Apologies:

None known