

amddiffyn y cyhoedd  
trwy oruchwyliaeth  
statudol o fydwagedd



protecting the public  
through statutory  
supervision of midwives



## **Annual LSA Audit Report**

**2015-2016**

**Hywel Dda University Health Board**

**NAME** Maureen Wolfe

LSA Midwifery Officer

**Date** 19<sup>th</sup> & 20<sup>th</sup> January 2016

Contents

- 1 Executive Summary.....
- 2 Introduction .....
- 3 Audit Findings .....
- 4 Conclusion.....
- 5 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 the last 12 months has been the implementation of a new model of supervision that enabled the LSA and the Health Boards to meet their respective statutory duties. The backdrop to the need for the new 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 Supervisors of Midwives (SoMs) who could no longer juggle the increasing demands of the role with those of their substantive posts.
- 1.3** The current model went live on the 4<sup>th</sup> August 2014 and in October 2014 the LSA published audit reports to identify the issues for handover and the action plan to take supervision forward. During the 12 months of implementation, the LSA has been able to provide assurance of meeting NMC standards through reporting quarterly key performance indicators, bi monthly monitoring and evaluation meetings and a full NMC review. All of these audit processes have confirmed that the LSA was meeting all the standards and were reported in the 2014-15 all Wales LSA Annual report and audit report.
- 1.4** The purpose of the 2015 -16 annual audits is to confirm that SoMs are delivering the function of supervising in each HB against the NMC standards and to make suggestions for further development and continuous improvement. The audit findings from across Wales will inform the direction of travel to support midwives when the legislative changes are made to exit from statutory supervision.
- 1.5** The LSA in Wales has revised and refined the process for auditing maternity services based on compliance with the NMC Midwives Rules and Standards (2012). The audit was conducted through a team approach with peer and lay reviewer input. The aim of the audit process was to assess whether SoM teams were compliant with NMC standards. Standards are judged as “met”, “not met” or “requires improvement”. When a standard is not met, an action plan is formally agreed with the LSA and is delivered to an agreed timeframe.
- 1.6** This report will set out the position of supervision in Hywel Dda University Health Board (HDUHB) at the time of audit and provide assurance that the revised model has been fully implemented. It

will provide highlights of the provision of the current model of supervision which has taken supervision forward to be a high quality, timely and effective service provision.

## **1.7 Overview**

The annual audit process introduced in 2011 was considered no longer fit for purpose since the SoMs are now working as part of the LSA. During 2014-5, the HDUHB SoMs appointed to the revised model of supervision focused on delivering the Key Performance Indicators (KPIs) identified in the Future Proofing Supervision Service Specification. This focus was maintained in order to further enhance and influence practice change. Progress against the KPIs was monitored through the Monitoring and Evaluation Group and through the Senior Leadership Group of HIW. Quarterly reports were prepared and shared with HoMs to further monitor progress and address any specific challenges to progress.

Whilst the LSA reported compliance with all NMC standards in the its Annual Report and the audit report published in August 2015, the NMC has recommended that each Health Board should have an individual audit visit and present the findings in a report (NMC October 2015).

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. The LSA is working closely with colleagues from across Wales and beyond to redesign the audit process for the coming year as it considers external scrutiny of the LSA to 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](http://www.hiw.org.uk)**.

## 2 Introduction

- 2.1 It is expected that Supervisors of Midwives (SoMs) work to NMC 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 peer review approach against 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 health board. This enables a team approach to audit, provides opportunity for peer review and benchmarking and also supports the sharing of best practice. The inclusion of the LSA lay reviewers within the team ensures the user perspective throughout the audit process, which was welcomed at all levels.
- 2.3 The audit visit for HDUHB took place on 19<sup>th</sup> and 20<sup>th</sup> January 2016 as planned. Key personnel were invited to attend as well as the HB supervisory team (**Appendix A – Programme**). The LSA MO will undertake a quarterly Pyramid audit in Q3 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 Maureen Wolfe LSA MO, supported by experienced SoM Paquita Sanges from Aneurin Bevan University Health Board, Suzanne Collins a midwife undertaking the preparation of supervisor of midwives course (PoSoM) and Lindsey Phillips LSA Lay Reviewer.
- 2.5 The audit visit began with a brief overview presentation by Maureen Wolfe and was followed by the SoMs' PowerPoint presentation giving an overview of HDUHB, presenting the supervisory activities as well as the achievements of the SoMs in relation to good practice. In addition, the audit visit provided an opportunity to meet and share information on supervision with the Head of Midwifery, senior midwives, midwives, governance midwives, a staff-side representative, service users and Supervisor of Midwives (**Appendix B – Attendees**).

### 3 Audit Findings

#### Summary of LSA audit findings – risk and benefit realisation

Summary of Key Findings		
Relevant LSA / Midwives Standard	Key Risk / Control	Outcome <i>Met, Not Met, Requires Improvement</i>
<b>Rule 4: Notification of Intention to Practice</b>	<p>Accurate information and ItPs are submitted on an annual basis or for new employees before midwives commence practice</p> <p>Accurate LSA database records are completed for midwives leaving the organisation</p>	<p><b>Met</b> - SoMs clear on how the ITP process works and have a clear plan for completion for 2016/17</p> <p><b>Met</b> – SoMs demonstrated an awareness of the requirements</p>
<b>Rule 6: Retention of Records</b>	Midwives comply with systems designed to accurately and securely store clinical records for 25 years	<p><b>Met</b> – All records stored securely in a locked office (Adele Roberts's office)</p> <p>SoMs aware of need to transfer records from an Independent midwife if such an event occurs</p>
<b>Rule 8: Supervisor of Midwives</b>	Student SoMs are adequately recruited and supported following successful completion of the preparation of SoM programme	<b>Met</b> - Succession planning completed; SoM-in-waiting can be utilised if required
<b>Rule 9: Adequate resources within recommended ratio</b>	<p>SoM ratios remain within recommended ratio of 1 SoM to 15 midwives</p> <p>SoMs have adequate resources to support them in their role</p>	<p><b>Met</b> – At the end of Quarter three the required 1.6 wte SoMs were in place</p> <p><b>Met</b> – No concerns raised with Health Board resources</p>
<b>Rule 9: ASR compliance</b>	Annual Supervisory review is undertaken for each midwife to evidence how a midwife has meet the NMC requirements to maintain their midwifery registration	<p><b>Met</b> – ASR's 100% compliant on day of audit</p> <p>All of the midwives were very positive about group supervision and reported the sessions to be supportive</p> <p>The availability for 1:1 ASR is available</p>
<b>Rule 10: SoM investigation process</b>	SoMs undertake supervisory investigations in an open, fair and timely manner	<b>Met</b> – 3 of the 4 investigations carried out between September 2014 and Sept 2015 have been completed within 45 days. The first investigation was complex and a staff member remains on sickness absence which affected the time frame. Overall the

	SoMs support midwives to complete relevant recommendations for reflection, local action plans or LSA practice programmes	<p>processes have been reported to have improved and no concerns were raised</p> <p><b>Met</b> – The support for midwives undergoing investigation was reported to be pro-active rather than reactive, learning activities reported to commence prior to the receipt of the investigation report.</p>
--	--	---

### 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 9<sup>1</sup> 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 31<sup>st</sup> March 2015, 16 full time SoMs were in post and 1,786 midwives had notified the LSA of their Intention to Practice (ItP) giving an all Wales ratio of 1:11. For HDUHB, there were 200 midwives in post and 1.6 wte SoMs giving a current model adjusted ratio of 1:11.

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

On the implementation of the model, two SoMs undertook a role providing the 1.8 wte supervision required for HTUHB. One SoM deselected within the first 12 months and the second completed her rotation several months earlier than planned for personal reasons. This resulted in a four month period when there was only a 0.6 wte SoM in post from May 2015 until a PoSoM qualified and was able to take up the remaining 1 wte post in August 2015. The current SoM to midwife ratio for HTUHB is 1:11 meaning that the standard for SoM to midwife ratio is met.

The LSA has run a selection process for the final PoSoM programme that commenced in autumn 2015, but there were no new applicants for HDUHB. However, there is a part time SoM-in Waiting and therefore overall, there appears to be sufficient SoM resources for a rotational plan until March 2017. This will be monitored by the LSA MO accordingly.

<sup>1</sup> NMC Midwives rules and standards (2012)

### 3.1.2 Mechanisms for continuous access to a supervisor of midwives

Rule 9<sup>2</sup> 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). During 14 -15, the average rate of compliance with the ASR meetings was 96% across the audit year. The current ASR compliance in HDUHB at the time of audit is 100% and the SoMs have achieved this within the previous quarter due to a notable team effort.

Following on from the 2014-15 audit programme, evidence was sought that the main challenges in delivering group supervision had been resolved. The challenges identified were:

- ensuring all midwives could attend a group supervision session
- midwives from different teams are present at each group supervision session
- Supervisors of Midwives have a consistent approach across Wales

All HDUHB midwives interviewed during the 2015-2016 audit process had attended a group supervision session and there was a very positive attitude to this ASR process from all bands of staff. The majority of midwives interviewed had attended a group supervision session with others of the same banding and largely from the same geographical area, although this appeared to be by chance rather than arrangement. It was evident that all midwives are invited to participate in group supervision sessions across geographical locations and with a mixed attendance. Views were sought from midwives on whether they felt group supervision was effective. All had attended a group of four to six midwives, inclusive of the HoM and the senior midwifery team and all staff reported that the environment was supportive and facilitated shared learning.

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 compliance with the required standards and there are plans to archive records electronically in the near future with the assistance of the Team Support Officers. Monitoring the compliance with the ASR process has been an important element of the preparation for the implementation of the future proofing supervision model (FPS), 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. Evidence of this was presented to the audit team.

Since the implementation of the new model, an All Wales SoM 24 hour on call rota is provided for all practising midwives within the LSA area. This provides 24 hour access to a SoM and ensures a SoM is available to women accessing maternity services to offer guidance and

---

<sup>2</sup> Rule 9 of the NMC Midwives rules and standards (2012) sets out the requirement for supervisor of midwives.



support (NMC 2012). A central number is provided for contact, and all contacts, whether from service users, members of the public or midwives, are written up in SBAR format (A format that records the Situation, Background, Assessment and Recommendations for any issue). The trends and themes are collated on a monthly basis and a six month report was provided to each Head of Midwifery in April 2015. In the last 12 months, there have been 155 calls to the all Wales 24 hour on call number. The majority of calls logged were for clinical advice and support for women/service users (twenty). Six of the logged calls were to provide general maternity service information, where the calls were directed appropriately. The remainder of the calls were for professional advice or incident reporting. The SBAR contacts are shared with the Head of Midwifery and local SoM team to follow up as needed. There were 21 calls in the 12 months for HDUHB, 13.5% of the whole, which is consistent with the volume of calls in other Health Boards in Wales. The majority of the calls across Wales were clinical in nature, followed secondly by calls for professional advice.

Prior to this audit the LSA Lay Reviewer completed a pre-audit telephone contact with the 'contact centre' for HDUHB (the telephone number was found on the website) who were not able to provide the SoM on-call number. Following a number of transfers, a maternity representative on the labour ward provided the mobile phone numbers of the two SoMs operating within the Health Board.

Public access to information with regards to supervision and SoM contact details was reviewed during the audit, including a review of the content of notice boards, social media and the Health Board website. Predominantly, the correct information was visible and accessible to service users. The website information was easy to locate and contained links to the national leaflet and the All Wales on-call number. It was notable that all personnel interviewed were very complimentary about the visibility of the SoMs within the Health Board. The SoMs appear to have succeeded in making themselves widely available to all staff and the attitude with regards to SoMs and supervision was very positive.

The LSA Midwifery Officer met on a quarterly basis with HDUHB HoM and the local SoM team to review compliance with the NMC standards using a quarterly scorecard. The local SoM team held monthly to six weekly meetings with the HoM to ensure clear two way communication on all aspects of the supervisory function. The LSA hold performance management meetings with SoMs from across Wales. This monthly gathering, whilst chiefly about managing the compliance with the KPIs set out in the service specification, also enables SoMs to build a cohesive team and form a supportive network. The LSA MO engagement provided 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 how SoMs plan and implement their ongoing work plans.

### **3.2 Involving service users in supervision and LSA Lay Reviewers perspective**

The service users, midwives and student midwives had discussions with the LSA Lay Reviewer and external SoM during the audit visit, with regards to sharing user views on how statutory supervision has supported women accessing maternity care in HDUHB.

#### **The LSA Lay Reviewer's summary of findings**

The LSA Lay Reviewer participated fully in the audit process at Hywel Dda and was particularly interested in understanding the perspectives of women and their families who use the maternity services, alongside reviewing improvements made on the findings of the previous audit. During the course of the audit, the Lay Reviewer and external SoM spoke to approximately ten women and some of their families on the labour ward and postnatal ward at Glangwili hospital and the Maternity Led Unit at Withybush. Discussions were also held with a number of midwives and student midwives. The previous audit had focussed specifically on two areas: the experiences and satisfaction of women who had contacted a SoM and the accessibility of SoMs to women and their families.

The awareness amongst women and their families of SoMs and the role they play to support women was notably high, particularly at Glangwili hospital. A number of women confirmed that they were aware of supervision and had seen the posters; one woman confirmed that her community midwife had given her information about supervision. Despite having this knowledge, none of the women had cause to contact a supervisor.

Every woman and family interviewed during the audit expressed satisfaction with the maternity care they had received both prior to and during birth, including those experiencing high risk pregnancies. Most of the clinical areas visited during the audit were found to be clean, tidy and well equipped.

There is currently no functioning Maternity Services Liaison Committee (MSLC) and this was discussed with the HoM as an area for focus for the coming year.

Whilst most interviewees had received minimal training and information from the SoMs with regards to Revalidation, all had registered with the NMC and appeared to have good knowledge of its requirements. The SoMs reported that they planned to hold Revalidation workshops in the near future.

Overall, positive improvements have been identified in most areas from the previous audit and

plans have been identified to address those that have not yet significantly changed.

During the audit presentation, the challenges of applying the All Wales model for supervision in HDUHB were discussed as follows:

- Loneliness of the role when only 0.6 wte SoM in post
- Changes within the Health Board: Challenges of re-organisation alongside the implementation of the future proofing model
- Time delays experienced in accessing HIW resources i.e. computer and Blackberry
- Change in Team Support Officers and limited provision of support from these staff members.

### **3.3 Engaging with student midwives**

During the year, SoMs have attempted to engage with student midwives, inviting them to attend notes audit sessions, but few took advantage of this opportunity. The SoMs themselves recognise that there needs to be greater interaction with the student midwives and have plans to address this in the near future. The students are not allocated a SoM individually but are made aware of the SoM team contact details. The midwifery lecturer interviewed confirmed that SoMs from another Health Board provide student midwives with sessions on supervision and the role of the SoM at Swansea University.

The audit team were also informed that student midwives were now able to access the midwifery course through the medium of Welsh. Between two and four midwives in South Wales, including those with placements at HDUHB, access this course annually.

### **Investigation process**

Within the twelve month period from the 1st September 2014 to 1st September 2015, four SoM investigations were commenced in HDUHB. Of the four investigations completed, one was not undertaken within the set standard for completion of 45 days. The LSA database contains annotations of the reasons why investigations were not completed within 45 days setting a clear audit trail. The senior midwifery team all said that improvements had been made in the investigation process, SoMs were now seen as advocates for the midwife and that attitudes towards supervision had become more positive.

It was reported to the audit team by the Clinical and Operational Lead midwife and the Clinical Risk midwife that the SoMs were involved in all aspects of governance including the facilitation of risk assessments for high risk women choosing to birth in low risk birth settings. SoMs were reported to have attended Quality and Safety meetings and fed back lessons learned at their

open meetings with midwives. The risk team said that the SoMs were a defined point of contact and governance was much better as things are now open and transparent.

### **3.3 Notable and Innovative Practice**

#### **Good Practice**

- Effective communication with HoM and senior midwives
- Attainment of 100% compliance for ASR's within a short timeframe
- Strong evidence of visible supervision
- Partnership working to develop a latent phase of labour policy and patient information leaflet following a supervisory investigation
- Excellent feedback from all midwives following experiences of group supervision
- Excellent feedback from service users of their knowledge of supervision
- Improvement to the maternity service website that provides information about midwifery supervision and the correct All Wales on-call telephone number
- Evidence of strong links with governance within the Health Board

#### **Areas for improvement**

- Improved access to a SoM via the Health Board 'call centre' in order to ensure women and their families are able to access the SoM on call at any time
- Development of an MSLC, this may be via a website as an on-line group
- On all of the supervision posters at the sites visited, the mobile numbers of the two SoMs were featured very prominently, with the all Wales on-call number noted as a 'secondary' contact. Whilst the desire of the SoMs to be accessible within their Health Board is to be commended, the general public access to SoMs should be via the All Wales number and this should be made the most prominent if not the only number on the posters and leaflets within the hospital and Midwifery Led Birth Units Development of Revalidation workshops to be implemented as detailed by the SoMs during the audit
- Improved interaction with the student midwives ensuring attendance at notes audit sessions, group supervision and Revalidation workshops

Improvements for supervision suggested by HDUHB senior nursing and midwifery team include earlier communication with Service Delivery Managers where recommendations made from a supervisory investigation may affect the off duty rota. This would allow time to adjust for staffing changes and for the production of a consolidated report with regards to what is being professionally evidenced by the SoMs for local discussion and development in practice.

In summary, the annual audit of supervision in Hywel Dda University Health Board has determined that of the standards have been 'Met'.

#### **4 Conclusion**

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. Since the implementation of the new model there are improved outcomes in the completion of investigations, increased compliance with the ASR process. Positive feedback has been received from midwives regarding the new model for supervision, particularly group supervision for the ASR, which is welcome due to the fact that there was a degree of negativity from some about how successful the project would be.

The annual audit process is testament to HDUHB achievements over the past year. The audit team were assured of the excellent professional relationships between the management team and SoMs and of excellent compliance achieved with annual supervisory reviews.

Without doubt the biggest challenge to the provision of statutory supervision across the UK will be to sustain the momentum and commitment to the role whilst the NMC legislative change takes effect. The LSA in Wales believes it is in a stronger position although we are not complacent, recognising that we will need to work hard at keeping SoMs within the role as alternate opportunities arise. However, we are confident we have a high calibre team who joined the model because they wanted to make a difference for women and families who use the maternity services in Wales, but also for midwifery colleagues who may be facing significant reconfiguration in the coming months.

Over the next twelve months, the LSA has committed to continue to work closely with HoMs and workplace presentation across Wales, to align the SoM investigation process, where possible, with the Health Board investigation process. This will support effective fair and timely investigations that ensure public safety and robust restoration of midwifery practice where issues are identified. This direction of travel is a step forward to share the skills and expertise from the SoM investigation process. Another key priority will also be a robust information governance process for the safe storage of SoM records, particularly the investigation process which is required to be archived for 25 years.

We look forward to working with the current team of SoMs to further demonstrate that supervision is a valuable resource for the midwifery profession. The audit findings and key elements of the model will be used to develop the future model of supervision outside regulatory legislation which will

focus on support, development and leadership dimensions of the supervisory role.



## Appendix A

### Programme for Annual Audit of Standards for Supervision of Midwives

Date: 19<sup>th</sup> January 2016  
Location: Glangwili Hospital

Day 1		
No.	Time	Activity
1	10.00	Arrival & Coffee
2	10.30	Introduction from the LSA review team  LSA MO presentation to set out the purpose of the 15-16 audit process of supervision and the future direction of supervision set out by the NMC
3	11.00	15 minute overview presentation and storyboard from local SoMs to include: <ul style="list-style-type: none"> <li>• Summary of progress in delivering KPIs for 2015-2016</li> <li>• Examples of Good Practice and achievements of local SoM team</li> <li>• Examples of learning the lessons / closing the loop from supervision investigations</li> <li>• Benchmark against lessons learnt from Guernsey and Kirkup</li> </ul> 15 min Questions and Answers
	11.30	Break
4	12.15	Review team to meet <ul style="list-style-type: none"> <li>• Head of Midwifery</li> <li>• Senior Midwives</li> <li>• Health Board and Maternity Governance / Risk leads</li> <li>• Lead Midwife for Education</li> <li>• Midwives</li> <li>• Student Midwives</li> <li>• CHC link for maternity services</li> <li>• Work Place representatives</li> </ul>
	1pm	Lunch
5	1.30	Walkabout to include visits to all clinical areas including Midwifery led Unit and Antenatal clinic
6	2.30	Coffee and review of the day in MLU

## Healthcare Inspectorate Wales LSA

### Programme for Annual Audit of Standards for Supervision of Midwives

Date: 20<sup>th</sup> January 2016

Location: Wthybush Hospital

DAY 2		
1	10.00	Arrival and coffee
2	10.30	<ul style="list-style-type: none"><li>• Review team to meet with Senior Midwives, Midwives and Service Users</li><li>• MLU and ANC walkabout</li></ul>
	11.30	Break
3	11.45	LSA Review team to summarise findings and draft information for report
3	13.00	Feedback via VC with Head of Midwifery Kay Cotter and SoMs



**List of Participants in the Annual Audit process – Hywel Dda University Health Board**

- Head of Midwifery, Kay Cotter
- Service Delivery Manager/Senior Midwife Obstetrics, Julie Jenkins
- Service Delivery Manager/Senior Midwife Community and MLU, Julie Wall
- SoM team, Susan Peterson and Lynn Hurley-Smith
- Clinical and Operational Lead Midwife, Adele Roberts
- Clinical Risk Midwife, Sharon Clement Thomas
- RCM Representative, Angela Morgan
- Lecturer Swansea University, Rachel Williams

**Met by the LSA Team** – Service users, midwives within HDUB and two student midwives

**Apologies:** Director of Nursing, Caroline Oakley