



Annual LSA Audit Report 2016-2017

Cwm Taf University Health Board

Local Supervising Authority Audit Report

Version number:	1
First published:	21 March 2017
Updated:	
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Circulation List:

Supervisors of Midwives

Head of Midwifery

Director of Nursing

Health Board Chief Executive

**This report will be published on the Healthcare Inspectorate Wales website:
www.hiw.org.uk**

Contents	Page
Contents	Page..... 3
1 Introduction	4
2 The Standards for Supervision	4
3 Local Supervising Authority Audit Aims	5
4 Methodology	5
5 Audit Process	5
6 Local Supervising Authority Annual Audit Visit	6
7 Assessment of Compliance against the Midwives Rules and Standards (NMC 2012)	7
8 Lay Reviewer Findings	18
9 Summary of Recommendations	21
10 Monitoring	22
11 Conclusion	23
12. Appendices	24
12.1 Appendix 1 - Programme	24
12.2 Appendix 2 – LSA Questionnaire.....	26
12.3 Appendix 3 – Lay reviewer Questionnaire	38

1 Introduction

The Nursing and Midwifery Council (NMC) set the rules and standards for the function of the Local Supervising Authorities (LSA) and the supervision of midwives. The Local Supervising Authority Midwifery Officer (LSAMO) is professionally accountable to the Nursing and Midwifery Council. The function of the LSAMO is to ensure that statutory supervision of midwives is in place to ensure that safe and high quality midwifery care is provided to women.

Supervisors of Midwives are appointed by the LSA whose function sits within Health Inspectorate Wales. The main responsibility of the LSA is to protect the public by monitoring the quality of midwifery practice through the mechanism of statutory supervision for midwives. The LSA will appoint a LSAMO to carry out the functions of the LSA.

All practising midwives in the United Kingdom are required to have a named Supervisor of Midwives. A Supervisor of Midwives is a midwife who has been qualified for at least three years and has undertaken a preparation course in midwifery supervision (Rule 8, NMC 2012). Each supervisor oversees approximately 15 midwives and is someone that midwives may go to for advice, guidance and support. The Supervisor of Midwives will monitor care by meeting with each midwife annually, (Rule 9, NMC 2012) auditing the midwives' record keeping and investigating any reports of problems/concerns in practice. They are also responsible for investigating any serious incidents and reporting them to the LSA MO (Rule 10, NMC 2012).

Rule 7 of the *Midwives Rules and Standards* (NMC 2012) requires the LSAMO to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met. The annual audit informs the Local Supervising Authority annual report to the NMC (Rule 13).

2 The Standards for Supervision

1. Supervisors of Midwives are available to offer guidance and support to women accessing a maternity service that is evidence based in the provision of women centred care.
2. Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.
3. Supervisors of Midwives provide professional leadership and nurture potential leaders.
4. Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.
5. Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery.

Midwives rules and standards (NMC, 2012)

3 Local Supervising Authority Audit Aims

The purpose of the 2016 -17 annual audit is:

- To review the evidence demonstrating that the standards for supervision are being met
- To ensure that there are relevant systems and processes in place for the safety of mothers and babies
- To review the impact of supervision on midwifery practice
- To ensure that midwifery practice is evidence based and responsive to the needs of women.

4 Methodology

The process for the audit of the LSA standards uses verification of evidence by the LSA audit team. Self review in the form of a presentation will be presented to the review team to include success and challenges. Self-review is recognised as a powerful tool that stimulates professional development and creates awareness of personal accountability.

A pre audit evidence review will be completed by the review team including peer review of the compliance of the individual supervisor of midwives to the LSA investigation process.

In this final year of the LSA auditing of statutory supervision the approach used is focussed on the core statutory role as described in the Midwives Rules and Standards.

5 Audit Process

For 2016/17 the audit process comprised of these elements:

- Review of evidence submitted in line with an assessment of compliance against the Midwives Rules and Standards (NMC 2012) including a review of action plan to achieve the LSA recommendations following the 2015/16 audit visit
- Audit visit including questioning of midwives and women.

6 Local Supervising Authority Annual Audit Visit

The LSA annual audit visit was undertaken on 4th November 2016 by Dee Davies, LSA Midwifery Officer and was supported by Denise King LSA Midwife, Elaine Derrick, Peer Supervisor of Midwives (SoM) and Louise Woolley, lay representative.

The Cardiff & Vale University (CVU) health board supervision team consisted of four Supervisors of Midwives, which equated to 2.2 whole time equivalents.

All active SoMs have a caseload of midwives and take part in providing 24 hour supervisory advice and support. The caseload is currently running at 1:11 ratio of Supervisors to Midwives

All active SoMs contributed to collating evidence and the development of the presentation at the audit visit. This encompassed the teams, achievements and challenges across the year 2015/16.

7 Assessment of Compliance against the Midwives Rules and Standards (NMC 2012)

Rule 4 Notifications by Local Supervising Authority	
<p>Rule</p> <p>(1) Each local supervising authority in Wales, Scotland or Northern Ireland must publish: (a) the name and address of its midwifery officer to whom a notice under Rule 3(2) or (3) is to be submitted; (b) the date by which a midwife must give notice under Rule 3(3).</p> <p>(1A) The local supervising authority in England must publish: (a) the name and address of each of its midwifery officers to one of whom a notice under rule 3(2) or (3) is to be submitted; (b) the date by which a midwife must give notice under rule 3(3).</p> <p>(2) Each local supervising authority must inform the Council, in such form and at such frequency as requested by the Council, of any notice given to it under Rule 3.</p> <p>LSA standard</p> <p>1 In order to meet the statutory requirements for the supervision of midwives, a local supervising authority must ensure that: 1.1 Intention to practise notifications are sent to the NMC by the annual submission date specified by the Council. 1.2 Intention to practise notifications received after the annual submission date are sent to the NMC as soon as reasonably practicable.</p>	
LSA Expectation	Evidence and Audit Findings
<p>Personalised ITP notification forms would have been sent to all midwives whose name appears on the effective register as of 31st March 2015. Midwives to be eligible to submit an ITP notification must have effective registration on the midwives' part of the NMC register and be intending to practise midwifery.</p> <p>Before the ITP is signed the named SoM must have carried out an assessment of the midwife's compliance with the NMC's requirements to maintain midwifery registration and must confirm that they are eligible to practise as a midwife. The named SoM must document the evidence they have reviewed for each midwife detailing how they meet the NMC PREP requirements of 35 hours learning activity (CPD) and 450 hours of</p>	<p>All midwives were found to have submitted their Intention to Practice (ItP) form to a supervisor and were eligible to practice on the NMC register.</p> <p>The team could articulate a clear and robust process for the submission of ItPs. SoMs ensure that midwives are PREP standard compliant prior to signing their ItP by referring to their individual annual review records which contains information regarding their CPD and practice hours.</p> <p>100% of midwives had an annual review in the preceding 12 months prior to the audit which is compliant with the requirement for 100% of eligible midwives to have had an annual review.</p>

<p>registered practice in each 3 year Notification of Practice (NoP) cycle (this assessment can be done at the annual review).</p> <p>SoMs should use the NMC PREP standards for guidance.</p>	
Notable Practice	
<p>The team have been supporting midwives with revalidation and the discussion for preparing for revalidation has been built into the supervisory annual reviews.</p> <p>Evidence from community midwives' who confirmed that the named supervisor of midwives would be sourced to support revalidation process.</p> <p>This demonstrated that supervisors are fundamental as a resource for all midwives supporting implementation and alongside supporting national changes to midwifery registration.</p>	
Areas for improvement	
<p>N/A</p>	
Outcome	
<p>Rule 4 Met</p>	

Rule 6 Records
<p>Rule</p> <p>(1) A midwife must, as soon as reasonably practicable, ensure that all records relating to the care or advice given to a woman or care given to a baby are, following their discharge from that care:</p> <ul style="list-style-type: none"> (a) transferred to the midwife's employer for safe storage; or (b) stored safely by the midwife herself if she is self-employed: but if the midwife is unable to do this, transferred to the local supervising authority in respect of her main geographical area of practice for safe storage. <p>(2) Where a midwife ceases to be registered with the Council, she must, as soon as reasonably practicable, ensure that all records relating to the care or advice given to a woman or care given to a baby are transferred for safe storage to the local supervising authority which was, prior to the cessation of her registration, the midwife's local supervising authority in respect of her main geographical area of practice.</p> <p>LSA standard</p> <p>1 A local supervising authority must publish local guidelines for the transfer of midwifery records from self-employed midwives which should include:</p> <ul style="list-style-type: none"> 1.1 When the records are to be transferred. 1.2 To whom the records are to be transferred.

- 1.3 Methods to ensure the safe transit of records.
1.4 Documentation to record such a transfer.

Midwives standard

- 1 All records relating to the care of the woman or baby must be kept securely for 25 years. This includes work diaries if they contain clinical information.
2 Self-employed midwives should ensure women are able to access their records and should inform them of the location of their records if these are transferred to the local supervising authority.

LSA Expectation

Midwives have a responsibility to keep secure any records that contain person identifiable and/or clinical information (this includes work diaries).

SoMs must advise midwives working in self-employed practice of when they should transfer records to the LSA and make them aware of the LSAMO Forum UK policy Transfer of midwifery records for self-employed midwives.

Evidence and Audit Findings

All maternity records were found to be stored securely at the audit visit. Notes storage areas within maternity were spot checked by the peer auditors on the day of the audit.

The organisational records policy includes details of the requirement to store maternity records for 25years.

There are no independent midwives requiring a SoM.

Notable Practice

Process in place for transferring supervisory records to HIW

Areas for improvement

N/A

Outcome

Rule 6 Met

Rule 7 The Local Supervising Authority Midwifery Officer

Rule

(1) Each local supervising authority in Wales, Scotland or Northern Ireland must, in accordance with any standards set by the Council under article 43(3) of the Order, appoint a midwifery officer who satisfies the relevant qualifications and who shall be responsible for exercising its functions in relation to the supervision of midwives practising in its area.

(1A) The local supervising authority in England must, in accordance with any standards set by the Council under article 43(3) of the Order, appoint an adequate number of midwifery officers who satisfy the relevant qualifications and who are to be responsible for exercising its functions in relation to the supervision of midwives practising in its area.

(2) The relevant qualifications mentioned in paragraphs (1) and (1A) are that a midwifery officer must:

(a) be a practising midwife; and

(b) meet the requisite standards of experience and education for the role of a midwifery officer as set by the Council from time to time.

LSA standards

1 In order to discharge its supervisory function through the local supervising authority midwifery officer, the local supervising authority must:

1.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer.

1.2 Involve a NMC nominated person and an appropriately experienced midwife in the selection and appointment process.

1.3 Manage the performance of the appointed local supervising authority midwifery officer by regular (annual) appraisal and to ensure that they are exercising their role efficiently, effectively and in a way that secures the safety of midwifery practice in their area.

1.4 Provide sufficient resources to enable a local supervising authority midwifery officer to discharge the statutory supervisory function.

2 To ensure the requirements of the NMC are met, the local supervising authority must enable the local supervising authority midwifery officer to:

2.1 Using an appropriate framework, complete an annual audit of the supervision of midwives within its area.

2.2 Monitor the practice of supervisors of midwives as part of maintaining and improving the quality of the provision of statutory supervision of midwives.

2.3 Involve women who use the services of midwives in assuring the effectiveness of the supervision of midwives.

3 The role of the local supervising authority midwifery officer must not be delegated.

4 The local supervising authority midwifery officer must not act as a supervisor of midwives.

Guidance

1 The local supervising authority midwifery officer plays a pivotal role in clinical governance by ensuring the standards of supervision of midwives and midwifery practice meet those required by the NMC. Supervision of midwives is closely linked to clinical governance and should be integral to governance processes within the local supervising authority.

2 The local supervising authority midwifery officer should promote openness and transparency in exercising supervision over midwives. The role is impartial in that it does not represent the interests of any health service provider.

3 Women should be able to access the local supervising authority midwifery officer directly if they wish to discuss any aspect of their care that they do not feel has been addressed through other channels.

4 The local supervising authority midwifery officer should ensure that supervisors of midwives are available to offer guidance and support to women accessing maternity services and that these services respond to the needs of vulnerable women who may find accessing care more challenging.

LSA Expectation	Evidence and Audit Findings
<p>The SoM team will facilitate the LSAMO to complete an annual audit of supervision of midwives within its area.</p> <p>SoMs must involve and engage with women who use the services of midwives in assuring the effectiveness of supervision of midwives.</p> <p>SoMs must be available to offer guidance and support to women accessing maternity services. These services should respond to the needs of vulnerable women who may find accessing care more challenging.</p>	<p>The action plan from 2014/15 audit period has been reviewed and monitored at SoM meetings.</p> <p>The LSA annual audit conducted for practice year 2015/2016.</p> <p>There was evidence that progress had been made against the recommendations from the previous LSA audit.</p> <p>The audit team reviewed the health board website which included a range of welcoming information for women including when and how to call a SoM and links to a variety of useful information.</p> <p>SoM team engage well with the users of the service including vulnerable women who may find accessing care more challenging.</p>
Notable Practice	
<p>Women are supported within a multidisciplinary approach with the Consultant Midwife leading and supporting women with complex care planning. The supervisor's involvement within this process is with supporting midwives to provide evidence based care to women with complex care requests – especially if a woman is requesting a home birth with known risk factors.</p>	
Areas for improvement	
N/A	
Outcome	
Rule 7 Met	

Rule 8 Supervisors of Midwives

Rule

- (1) A local supervising authority must appoint what the Council considers to be an adequate number of supervisors of midwives to exercise supervision over midwives practising in its area.
- (2) A supervisor of midwives must:
 - (a) be a practising midwife; and
 - (b) meet the requisite standards of experience and education for the role of supervisor of midwives as set by the Council from time to time.
- (3) Following her appointment, a supervisor of midwives must complete such periods of relevant learning relating to the supervision of midwives as the Council shall from time to time require.

LSA standards

- 1 Supervisors of midwives are appointed by and are accountable to the local supervising authority for all matters relating to the statutory supervision of midwives. The local supervising authority must:
 - 1.1 Publish a policy setting out its criteria and procedures for the appointment of any new supervisor of midwives in its area.
 - 1.2 Maintain a current list of supervisors of midwives in its area.
 - 1.3 Ensure provision of a minimum of six hours continuing professional development per practice year.
- 2 To be appointed for the first time as a supervisor of midwives, a midwife must:
 - 2.1 Have a minimum of three years' experience as a practising midwife. At least one of which must have been in the two-year period immediately preceding the first date of appointment⁴.
- 3 She must also have either:
 - 3.1 Successfully completed an approved programme of education for the preparation of supervisors of midwives within the three-year period immediately preceding the first date of appointment; or
 - 3.2 Where it is more than three but less than five years that have passed since she successfully completed an approved programme of education for the preparation of supervisors of midwives, complied with the continuing professional development requirements for supervisors of midwives referred to in paragraph 1.3.
- 4 For any subsequent appointment as a supervisor of midwives, she must be a practising midwife and:
 - 4.1 Have practised as a supervisor of midwives or a local supervising authority midwifery officer within the three-year period immediately preceding the subsequent date of appointment; or
 - 4.2 Where she has only practised as a supervisor of midwives or a local supervising authority midwifery officer within a period which is more than three years but less than five years immediately preceding the subsequent date of appointment, have also successfully complied with the continuing professional development requirements for supervisors of midwives referred to in paragraph 1.3.
- 5 A supervisor of midwives must be capable of meeting the competencies set out in Standards for the preparation and practice of supervisors of midwives (NMC 2006).

LSA Expectation

Any midwives on the Preparation of Supervisors of Midwives (PoSoM) must have been through LSA selection processes.

Each SoM must demonstrate ability to achieve the competencies set out in the NMC (2012) Standards for the preparation of supervisors of midwives.

A current list of SoMs is available on the LSADB and will be reported in the LSA

Evidence and Audit Findings

Nomination, selection and appointment of SoMs occurs as per LSA guidance.

All members of the SoM team have completed the required PREP activities
All members of the SoM team has self-assessed their competence to fulfil the role and has a plan to address any learning needs.

The SoM team ensures that all leaves of absence from the role and resignations

audit report.	have been communicated to the LSAMO. At the time of audit the list of appointed SoMs on the LSADB was accurate.
Notable Practice	
<p>The supervisors of midwives have consolidated their team working and have improved their clinical visibility. The team are focusing on developing skills setting with seeking opportunities to engage and influence the maternity service.</p> <p>From 2017 the team will attend all community midwives office bases for group supervision – thus promoting accessibility and visibility.</p> <p>Recognition should be given to the team of supervisors for progressing a model that was deemed by some midwives to be punitive to a model whereby the supervisors are viewed as approachable and supportive (this was evident from feedback from midwives).</p>	
Areas for improvement	
N/A	
Outcome	
Rule 8 Met	

Rule 9 Local Supervising Authority's Responsibilities for Supervision of Midwives
<p>Rule</p> <p>A local supervising authority must ensure that:</p> <ul style="list-style-type: none"> (a) each practising midwife within its area has a named supervisor of midwives from among the supervisors of midwives appointed by the local supervising authority in respect of her main geographical area of practice; (b) at least once a year, a supervisor of midwives meets each midwife for whom she is the named supervisor of midwives to review the midwife's practice and to identify her education needs; (c) all supervisors of midwives within its area maintain records of their supervisory activities, including any meeting with a midwife; and (d) all practising midwives within its area have 24-hour access to a supervisor of midwives whether that is the midwife's named supervisor or another supervisor of midwives. <p>LSA standards</p> <p>1 A local supervising authority must:</p> <ul style="list-style-type: none"> 1.1 Ensure that a local framework exists to provide: <ul style="list-style-type: none"> 1.1.1 Equitable, effective supervision for all midwives working within the local supervising authority. 1.1.2 Support for student midwives to enable them to have access to a supervisor of midwives. 1.2 Ensure the ratio of supervisor of midwives to midwives reflects local need and circumstances

- and does not compromise the safety of women. This ratio will not normally exceed 1:15.
- 1.3 Put in place a strategy to enable effective communication between all supervisors of midwives. This should include communication with supervisors in other local supervising authorities.
- 1.4 Monitor and ensure that adequate resources are provided to enable supervisors of midwives to fulfil their role.
- 1.5 Publish guidelines to ensure consistency in the approach taken by supervisors of midwives in their area to the annual review of a midwife's practice. These must include that the supervisor undertakes an assessment of the midwife's compliance with the requirements to maintain midwifery registration. 1.6 Ensure the availability of local systems to enable supervisors of midwives to maintain and securely store records of all their supervisory activities.

LSA Expectations	Evidence and Audit Findings
<p>There is a local framework for supervision.</p> <p>All student midwives must have access to a SoM and there should be local systems for this.</p> <p>Ratio 1:15 (adjusted if there is a full time SoM or additional time is given). The LSAMO will cascade information to all SoMs.</p> <p>Resources for supervision should be reviewed at every SoM meeting and any concerns raised directly to the LSAMO.</p> <p>Annual reviews are based on LSAMO Forum UK policy.</p> <p>Local systems have been developed to ensure that SoMs have safe storage systems of any supervisory records.</p>	<p>The team are available and accessible 24hours per day via an on call system.</p> <p>Rotas with contact details are available in the clinical areas for midwives and the process of how to contact a SoM is on the health board website.</p> <p>The team were able to evidence 75% attendance at local SoM meetings across the team.</p> <p>Every midwife has a named supervisor of midwives which was evidenced by the LSADB and cross check with midwifery establishment.</p> <p>Student midwives have a named SoM allocated to them.</p> <p>Two contacts with students in all year groups in Cardiff university. SoM group recently completed standardised 'teaching' sessions for all students across Wales to ensure consistency for all students.</p> <p>The overall SoM to midwife ratio is 1:11 which is within the recommended ratio of 1:15 and the caseloads are fairly even.</p> <p>There is a robust system in place for the cascade of information from the LSAMO to all SoMs.</p> <p>All annual reviews are undertaken in line with the LSAMO Forum UK Policy and this was confirmed by a spot check on the LSA database.</p>

	<p>Supervisory records are stored securely either in soft copy on the LSADB, on Welsh Government IT systems, or hard copy in a locked SoM office within the health board.</p>
<p>Notable Practice</p>	
<p>Monthly record keeping presentation by Supervisors of midwives on mandatory training day. This includes midwives auditing notes and group discussion.</p> <p>CVU Supervisors of midwives currently working on an All Wales Audit tool to ensure consistency across Wales. This demonstrates the team's ability to source literature and professional evidence to underpin service development.</p> <p>Peer Supervisors of midwives verified that the student midwives articulated that the supervisors had visited the University to discuss supervision and also provided an educational session on 'Record Keeping'.</p>	
<p>Areas for improvement</p>	
<p>N/A</p>	
<p>Outcome</p>	
<p>Rule 9 Met</p>	

<p>Rule 10 Publication of Local Supervising Authority Procedures</p>
<p>Rule Each local supervising authority must publish its procedure for: (a) reporting all adverse incidents relating to midwifery practice or allegations of impaired fitness to practise against practising midwives within its area; (b) investigating any reports made under paragraph (a); and (c) dealing with complaints or allegations of impaired fitness to practise against its midwifery officer or supervisors of midwives within its area.</p> <p>Reporting adverse incidents, complaints or concerns relating to midwifery practice LSA standard 1 Local supervising authorities must develop a system with employers of midwives and self-employed midwives to ensure that a local supervising authority midwifery officer is notified of all adverse incidents, complaints or concerns relating to midwifery practice or allegations of impaired fitness to practise against a midwife.</p> <p>Supervisory investigations LSA standard 1 Local supervising authorities must publish guidelines for investigating incidents, complaints or concerns relating to midwifery practice or allegations of impaired fitness to practise against a midwife. These guidelines must:</p>

- 1.1 Provide for an open, transparent, fair and timely approach, which demonstrates robust decision making processes that stand up to external scrutiny.
- 1.2 Provide opportunity for the midwife to participate in the investigation.
- 1.3 Set out the required actions and possible outcomes following an investigation.
- 1.4 Provide for an appeals process.

LSA Expectation	Evidence and Audit Findings
<p>There should be a record of all investigations undertaken, their outcomes and the time taken for them to be completed. There should be evidence of a regular review of the investigations and any emerging themes in midwifery practice.</p> <p>Service recommendations evolving from investigations should be escalated to the employer and monitored by the SoM team.</p> <p>The supervisory team are aware of all incidents and complaints which highlight concerns regarding midwifery practice occurring within the service. Serious Incidents are reported to the LSA. There is evidence of a systematic review of midwifery practice when required.</p> <p>There should be an effective, shared and transparent interface between supervision and clinical governance.</p>	<p>The maternity risk management strategy accurately describes the role of the SoM and their role in the patient safety agenda.</p> <p>SoMs attend and contribute to the maternity governance meetings, incident reviews and policy group.</p> <p>There is an effective system for SoMs to be alerted of all maternity adverse incidents which allows timely review, completion of a 'decision making tool' when indicated and commencement of supervisory investigation.</p> <p>The LSA is involved in this process and has oversight of investigation reports and agrees any recommendations made for midwives as a result of a supervisory investigation.</p> <p>Clear evidence of case reviews and SBAR reviews on i-share (Welsh Government system). Supervisory investigations are shared within the team to ensure fair workload, reduction of bias and optimal support to the midwife. The team tracks their process and progress against the LSAMO Forum UK policy and achieve compliance in all aspects apart from timeliness.</p> <p>In the past year there have been five cross border investigations which involved 14 midwives in total. None of these investigations were completed within the 60 day timescale.</p> <p>There is a robust system for tracking investigations which is consistently used by all SoMs.</p>

	<p>Investigation findings are regularly discussed at SoM meetings so that trends can be identified and any learning implemented through practice change and action planning.</p> <p>Any organisational recommendations that result from supervisory investigations are followed up with management.</p>
<p>Notable Practice</p>	
<p>All required investigation documents are available and stored securely Head of Midwifery has monthly meeting with the supervisors of midwives and the governance midwife is also in attendance.</p> <p>The supervisors expressed their confidence that they are informed of every serious incident that occurs within the Health Board. Any concerns regarding midwifery practice is assessed by a supervisor using a decision making tool and the completed tools are then forwarded to the LSA team.</p>	
<p>Outcome</p>	
<p style="text-align: center;">Rule 10 Requires Improvement</p> <ul style="list-style-type: none"> • All supervisory investigations should be completed within 60 days. Where an investigation is delayed for external reasons the LSAMO Forum UK <i>Freezing the timeline</i> guidance should be instituted. This is recognised to be an All Wales issue. 	

8 Lay Reviewer Findings

Prior to the audit, the Lay Reviewer undertook research in respect of the Health Board's web site and telephone switchboard information relating to Supervision. During the audit the Lay Reviewer worked alongside an external SoM, and interviewed service users in both antenatal and postnatal clinics and wards, discussing the care they had received and their awareness of Supervision with service users. The Lay Reviewer team observed the general clinical environments and assessed the visibility of supervision in public and staff-facing areas. This team also carried out interviews with midwives, senior clinical and managerial staff, the MSLC chair, and Student midwives.

Telephone audit

Prior to the audit, the lay reviewer contacted the hospital switchboard asking to speak to a SoM. This attempt was not successful and the audit team agreed to repeat the attempt subsequently. The second attempt did lead to contact with a SoM, but the 24 hour number was not offered.

Service users

Seven women were interviewed during the audit. Some were interviewed antenatally and some postnatally. None had heard of Supervision of Midwives before. When asked who they would have contacted if they had a concern, all of the women had ideas of other health board staff they could approach. Typically, ringing their community team/assessment unit/MLU was cited.

All the women interviewed felt they had had both excellent care and continuity of care, and found their community midwives really helpful and approachable. A number of midwives were described as keeping in touch with the women throughout their pregnancy, making them feel very well communicated with and reassured. Antenatal, intra-partum and postnatal staff treatment was described very positively. Student midwives who had attended births were also praised for their contribution. Women had felt that their birth choices had been respected by all staff, with one woman citing the help of the Consultant Midwife in having an elective section following a previous emergency caesarean section.

Support with establishing breast-feeding was also noted as very good, with just one user saying she had received some different information between two staff members. Overall the women described their relationships with their midwives as of very high-quality, and that the service had gone above and beyond the call of duty to care for the women in pregnancy, labour and with establishing feeding and early care of their babies.

Possible improvements suggested by women and their families included consistency in message about breastfeeding and how it would impact on when a woman would be discharged. Two of the women had had unexplained delays in treatment and would have valued understanding why, for example when other women seemed to be going to the delivery suite before them. Other issues mentioned were where a family had received their ante-natal outpatient care, which had meant more time travelling.

Maternity Services Liason Committee (MSLC) chair

The MSLC chair has a well-defined understanding of the role of supervision, noting that it supports safe working for midwives and parents, supports midwives with uncertainties and supports families that need clarification about concerns.

The chair for the MSLC meeting commented that the attendance from the supervisors had generated a number of discussions and that they had given professional advice about topics such as homebirths, alongside reviewing the postnatal care package.

The MSLC chair was aware that there are changes in the future of Midwifery supervision, but not aware of the detail of this. When asked how the health board could communicate this information, she felt that maybe in leaflets or social media. MSLC have a facebook page and share a lot of information this way. Twitter and other social media are not currently used but this could be another way of sharing information. She is very keen that the role of Supervisor of Midwives is preserved, and is confident that it will be.

Clinical environment

The clinical environments were well maintained and professional. The Midwifery Led Unit has been tailored thoughtfully to the direct needs of women and their families. One service user noted: *'I love the room and am happy that my [3 year old] son can come in and run about without bothering other people'*. A great deal of thought and sensitivity had also been given to the Teardrop Suite, where families can stay after a loss. There is relevant service-user oriented information about supervision in the antenatal and postnatal areas, including a staff-facing board in the obstetric-led unit, which is less aimed at service users as there would be very little opportunity to pass those boards.

Website

At the time of the audit, the health board's website did not hold information about Supervision of Midwives or details of the All-Wales 24 hour on-call number. The review team were told that this is to do with wider site changes and will be investigated. It would be helpful to link to the LSA Supervision of Midwives section of the HIW website.

Student midwives

The two student midwives interviewed had a very good working knowledge of the role of a SoM. They listed, protecting the public and staff, helping woman get care they want that is outside of the usual remit, help to access learning opportunities, help to reflect and to write statements. If a woman isn't happy with her care, midwives can signpost to the SoM. SoMs have been into the university, providing a good opportunity to ask any questions and raise any concerns. The talk on record keeping was valuable.

With regards to changes to supervision, the students understood the shift from statutory to mandatory supervision. A SoM had come to the university and explained

some of the changes. The students had been reassured that there will still be supervisors after the law changes next year.

Senior midwives

The senior midwifery staff interviewed noted that the supervisors now are much more visible and proactive than they used to be. She says that the supervisors in post at the present time are a good team. Initially in group supervision it was more of a challenge to meet the needs of all grades of staff within the one group session, but due to skilful facilitation, this has been a positive improvement. Senior midwives liked the idea of SoMs being involved in 'pinch points' in midwives career and that this will be of particular value to band 5/preceptorship midwives. There is an exceptionally good preceptorship package in place now. The SoMs work closely around governance and risk and the new changes after April next year will definitely help reduce duplication of work, especially around investigations. There are some reservations about the discontinuation of cross health board investigations as this has capacity to be a very fair way of investigating when things go wrong. The current model of Supervision of Midwives is much less punitive than the previous system and there are hopes that this will continue into the future.

SoM team

The SoM team work well together, despite being a new team. They are accessible and supportive of staff across the Health Board. They are positive about the future of midwifery supervision and have good leadership skills to help with the transition to a new model. They are valued by the health board, and were encouraged to note all the positive feedback given during the process of the audit.

9 Summary of Recommendations

NMC Compliance

The delivery of effective supervision by the LSA within Cardiff & Vale University health board was discussed with the Chief Nurse (CN) Ruth Walker. The CN said she was assured that the LSAMO was able to discharge its function within the health board and had a comprehensive reporting procedure to the NMC. It was apparent that the CN had good understanding of the supervisory activities and felt confident that they were engaging within the health board governance framework.

Acknowledgment was shared that there had been a number of changes with the LSA and locally within the team of supervisors but nevertheless the CN confirmed that the health board would continue supporting supervision and was looking forward to the 'new model' whereby the support would be continued.

The Head of Midwifery (HoM) said that she was satisfied that the local SoM team raised concerns effectively and communicated their concerns with her as required.

There was evidence of monthly meetings between the HoM and the SoM team and the HoM confirmed that the team would approach her between meetings if they had any issues that they wished to discuss, as she had an 'open door policy'.

The HoM was assured that the SoM team interacted with the organisation's governance processes and this was supported by the Senior Midwives and the Maternity Governance and Concerns Midwife.

The HoM recognised that the team were junior but had noted that the team were keen to develop and that they were all committed to the changes to supervision model moving forward.

Midwifery Practice

The team of supervisors are keen to increase their visibility within the clinical environment with the intention of working alongside clinical midwives thereby maximising the supportive role of supervision. Additionally the team demonstrated good understanding of the statutory function within a governance framework but acknowledge whilst they have appreciated the opportunity to undertake external supervisory reviews this has not been without challenges based upon the geographical distance to travel.

It was evident on the day of the audit that the team are keen to contribute to the development and monitoring of clinical midwifery standards and this will be further enhanced when the model moves to an employee led model and 20% of the new role

will be allocated to working alongside midwives in practice.

Organisational

The risk manager detailed that there is a regular supervisory presence. Supervisors of Midwives work collaboratively with risk leads and clinician's to contribute to the investigation of significant events.

10Monitoring

An action plan is required to be submitted to the LSA within six weeks of receiving this report and recommendations. If there are any areas that are 'not met' the action plan for these should be updated quarterly and submitted to the LSA to update them of progress.

After the removal of statute planned for March 2017 the monitoring of the action plan will be handed over to the Head of Midwifery at Cardiff & Vale University health board.

The following were identified as areas of good practice by the LSA audit team:

- The SoM team have consolidated well and are functioning effectively
- The SoM team are improving and increasing their visibility in the clinical areas
- Partnership working with the Royal College of Midwives to educate and update midwives
- Partnership working with the Cardiff University to establish formal teaching sessions with student midwives
- Improved organisation and attendance at group supervision sessions
- Continued teaching on the Mandatory training days for midwives.

The following recommendations have been highlighted by the LSA audit team as areas for improvement:

- Although the clinical visibility of the SoM team has increased, this requires ongoing improvement with the focus upon SoMs supporting midwives within the clinical practice environment – this is particularly important as supervision moves from a model of statutory to a model which is employer led
- The team need to consider the communication strategy for midwives and women (and other staff members) when the 'new model' is launched
- Switchboard must be made aware of the all Wales on-call telephone number as a priority, to ensure 24 hour support is accessible to women and midwives
- On-going action to work closely with the LSA and Health Board Information governance leads regarding the closure of the LSA database and supervisory shared drives.

11 Conclusion

The LSA remains grateful to all SoMs both past and present for their input and commitment to the delivery of statutory supervision and the contribution they make in supporting midwives to support women. Also the LSA audit team would like to thank everyone for the hospitality and welcome that was received from all.

The LSA would also like to extend their thanks to Sue Jose, who is stepping down from her position as LSAMO in October 2016 and would like to welcome Lindsey Hilldrup who will take over her position.

Without doubt, the biggest challenge to the provision of statutory supervision across the UK in the past 12 months has been to sustain the momentum and commitment to the role whilst the NMC legislative change takes effect. However, the LSA and Taskforce in Wales remain in position to lead the way forward with a new model for supervision, building on current successes and national support to maintain excellence in clinical practice.

The Head of Midwifery and Director of Nursing are keen to take the new model of supervision forward. They value the support the SoMs give to the midwives and students, and want to maintain the close links with governance. The issue at present of the SoMs not being available when they are undertaking investigations in another health board, are not anticipated to be a problem in the new model as supervisors will not have the same input in undertaking investigations. This will enable the supervisors to be more visible and accessible in their own health board to support the midwives, students and Head of Midwifery.

12. Appendices

12.1 Appendix 1 - Programme

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

Date: Friday 4th November 2016

Location: Parent Craft Room, University Hospital Wales, Cardiff

LSA Review Team:

Dee Davies, LSA MO North West England

Denise King, LSA Midwife NW England.

Louise Woolley, Lay reviewer

Elaine Derrick, SoM ABUHB

Day 1		
No.	Time	Activity
1	08.30 am	Arrival & Coffee
2	09.00 am	Review team A meet with Mentor Facilitator Nerys Kirtley Review team B meet with Student midwives
3	09.30 am	Review team A meet with SoM team Review team B Walkabout of the unit
4	10.00 am	Review team A meet with Risk midwife Laura Bassett Review team B meet with Concerns Midwife Lois Mortimer
5	10.30 am	Break
6	11.00 am	Review team A meet with Community Midwives, Cardiff East & West teams Review team B meet with SoM in waiting Natasha Thomas , A Oyler
7	11.30 am	Review team A meet with Head of Midwifery Suzanne Hardacre Review team B meet with Community Midwives, Vale team
8	Midday	Lunch

9	12.45 pm	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
10	13.00 pm	15 minute overview presentation and storyboard from local SoMs to include: <ol style="list-style-type: none"> 1. Summary of progress in delivering KPIs for 2015-2016 2. Examples of Good Practice and achievements of local SoM team 3. Examples of learning the lessons / closing the loop from supervision investigations 4. Benchmark against lessons learnt from Guernsey and Kirkup 15 min Questions and Answers
11	13.30	Review team A meet with Ruth Walker Director of Nursing Review team B meet with Valentina Cesari MSLC chair.
12	14.00 pm	Review team A meet with Senior midwife Ruth Guy Review team B meet with RCM workplace representatives Ceri Phillips
13	14.30pm	Review teams to meet with unit based midwives
14	15.00 pm	Break
15	15.30 pm	LSA review teams to consolidate initial findings
16	16.00 pm	Feedback from LSA Review Team

12.2 Appendix 2 – LSA Questionnaire

Healthcare Inspectorate Wales LSA

Annual Audit of Standards for Supervision of Midwives Autumn 2016

SoM interview	Evidence & Review team comment
Rule 4. Notifications by LSA Do you manage the Intention to practise (ItP) process in line with current process	Evidence: New starters Leavers transfers Revoke ItP LSADB – monthly submission
Response	Comment:
Rule 5 Scope of practice How do you support midwives to meet Rule 5; their scope of practice	Evidence Group supervision Supporting midwives to provide choice to women Supporting midwives with LSAPP/LAP/reflection Table tops Midwives in non midwifery roles
Response	Comment

<p>Rule 6 records Can you tell us about your plan to transfer and/or archive records in preparation for the removal of statutory supervision.</p>	<p>Evidence Records are securely stored Records are being prepared for transfer/scan and upload</p>
<p>Response</p>	<p>Comment</p>
<p>Rule 7 Supervision of midwives is closely linked to clinical governance and should be integral to governance processes within the LSA. Can you provide details of how you achieve this standard</p>	<p>Evidence Attendance at CRM, LWF, Datix review meeting, joint investigations SUI reviews, delivery of mandatory training</p>
<p>Response</p>	<p>Comment</p>
<p>Rule 7-governance Do you feel you are able to escalate concerns to; The organisation The LSA Do you feel your concerns are responded to appropriately</p>	<p>Evidence</p>
<p>Response</p>	<p>comment</p>
<p>Rule 9 How do you ensure access to the SoM team for Student midwives And how do you support the transition from student to registrant</p>	
<p>Response</p>	<p>comment</p>
<p>Rule 10 publication of procedures-supervisory investigations do you consider you are prepared in relation to education and training to undertake investigations in line with rule 10</p>	<p>Evidence; Process Report writing Access to Training Access to IT systems</p>

Response	Comment
HoM interview	
Do you consider your som teams raises concerns appropriately? If not, can you suggest how this can be improved	
Response	Comment
Considering the LSA investigation process. How satisfied are you with; <ul style="list-style-type: none"> • Communication from the investigating SoM • Communication with the named/supporting SoM • Links between LSA and organisation processes 	
Response	Comment
Are you kept informed of themes and trends that emerge from group supervision sessions	
Response	Comment
Are you satisfied the SoM team interact effectively with the organisation's governance process	
Response	Comment
What is your current compliance for midwives attendance at mandatory training?	
Response	Comment
How do SoM's support revalidation for midwives within your organisation	
Response	Comment

What issues do you consider exist for the HB during the transition from statutory supervision to an employer led (HB) model for supervision.	
Response	comment
Do you have any suggestions for improving the quality of SoM in your organisation?	
Response	Comment
DoN interview	
Are you assured that the LSA has a comprehensive reporting procedure to the NMC to ensure they are alerted to all risks that are associated with adverse reports from external monitoring?	Rule 7 The LSAMO
Response	Comment
Can you confirm the the LSAMO is able to discharge their function in your organisation?	
Response	Comment
Are you assured of the sustainability of the current model of supervision within your HB	
Response	Comment
Do you consider the LSA are effective at raising and escalating concerns and exercises its role efficiently, effectively and in a way that secures the safety of midwifery practice in your organisation?	
Response	Comment
Are you assured of the sustainability of the current model of supervision within your HB	
Response	Comment

What issues do you consider exist for the HB during the transition from statutory supervision to an employer led (HB) model for supervision.	
Response	comment
Do you have any suggestions for improving the quality of SoM in your organisation following the removal of statutory supervision?	
Response	Comment
Midwives and Senior midwives	
Are SoMs visible within the clinical environment? Would you know where in the HB a SoM may be present? How would you contact a som out of hours	
Response	Comment
Are you aware how the SoM team support revalidation?	
Response	Comment
Are you aware of how the som's fit with the HB governance process?	
Response	Comment
What is your understanding of the proposed changes from statutory supervision to an employer led (HB) model for supervision.	
Response	comment
What issues do you consider exist for the HB during the transition from statutory supervision to an employer led (HB) model for supervision.	
Response	comment

Do you have any suggestions for improving the quality of SoM in your organisation following the removal of statutory supervision?	
Response	Comment
Student Midwives	
Can you describe the role of the SoM and the LSA?	
Response	Comment
Have you had contact with a SOM in the past 12 months? If so for what reason?	
Response	Comment
Are you aware of how to contact a SoM	
Response	Comment
Are you aware of the current statutory requirement for all midwives to have a named SoM?	
Response	Comment
What is your understanding of the proposed changes from statutory supervision to an employer led (HB) model for supervision.	
Response	comment

Lay reviewers' checklist for audit visits

This document sets out to enable the lay reviewers to undertake their audit visits in a way that is consistent within the team and that reflects and builds on the findings from the 2015/16 audit and incorporate the known future changes to the supervision of midwives. Whilst this checklist covers a number of areas, it is expected that lay reviewers will also comment on anything significant that they believe needs highlighting in addition to the content of this checklist.

There are seven sections to this checklist:

- Pre-audit preparation
- Questions for women and their families.
- Questions for Midwives
- Questions for Supervisors of midwives
- Questions for Senior Managers
- Questions for user representatives.
- Observations on the environment

Pre-audit preparation

Review of the information on the health board's website about Supervision of Midwives.

Is it the correct on-call number?

Is there a clear description of what supervisors can do for women?

Is there a link to the LSA (HIW) site?

Is there a link to "Delivering for you" leaflet?

Randomly choose one of the locations where maternity services are delivered by the health board and ring the switchboard and ask for the on-call number for the supervisor of midwives.

Are you given the correct on-call number?

Questions for women and their families

Introduce ourselves and explain audit process.

1. How would you rate the care you have received from midwives throughout your pregnancy and birth?
2. Is there any midwife you've found particularly helpful and what was it he / she did that was particularly helpful?
If midwife named, can we pass this feedback to her / him?
3. Is there anything you would like to change, based on your experience?
4. Do you or have you had any concerns about any of the midwives you have had contact with?

If answer to 4 is yes go to Q4a – 4h, if answer is **no** go to Q5

- 4a Have you raised your concerns with anyone? If answer is **no, go to 4e**
- 4b If so who?
- 4c How did you decide to raise your concern with that person?
- 4d Were you satisfied with the outcome?

If had concerns but not raised with anyone

- 4e Did you want to raise your concern?
- 4f What prevented your from telling someone about your concern?
- 4g Have you heard of Supervisors of Midwives?
- 4h Explain role: would you like to speak to a SoM now about your experience?

5. Imagine that you had had a concern for example, you wanted a specific type of birth plan and the midwife was refusing to discuss it or being very negative about it, what would you have done?

6. If you had spoken to someone about your concern, what would you want them to do about it?

Questions for Midwives

Have you had an annual supervisory review (ASR) in last 12 months?

Was your ASR completed during a group supervision session?

If so, how many were part of your group supervision?

Was there a range of midwives at the supervision?

What did you find helpful in the group supervision?

Was there anything you thought could have been improved?

How many group supervision sessions have you attended over the last couple of years?

Do you feel more or less positive about group supervision now that after your first experience of group supervision?

What do you think has been the greatest benefit of introducing group supervision?

Have you used the SoM on call number to contact a Supervisor in the last 6 months?

If yes, how did you find the experience? Did it resolve your issue at the time?

As you know, supervision is changing in the Spring. What elements of supervision as it is now would you like to see retained?

Is there anything you would like supervision to do which it doesn't at present?

Do you have any concerns about the proposed new, employer led model of supervision?

How well do you think preparations for the transition to the new arrangements are going?

Is there anything the SoM team does that you think is particularly good practice?

Can we pass your feedback to the SoM team?

What role do you see the SoMs playing in helping to reduce risk and learn lessons from investigations?

Questions for Supervisors of Midwives

When are you offering group supervision?

What do you see as the benefits of group supervision?

Is there anything you would change?

Can you give an example of something that has been discussed in group supervision and as a result enhanced the protection of the public?

Is there anything the SoM team does that you think is particularly good practice?

What role do you play in helping to reduce risk and learn lessons from investigations?

Given the proposed change to an employer led model for supervision what do you see as the benefits for

- a. SoMs
- b. Midwives
- c. Women and the general public

And do you have any concerns about the changes and how they affect SoMs, midwives and women?

How well do you think preparations for the transition to the new arrangements are going?

What do you think should be in place to replace the support you offer to women?

Questions for Senior Managers

How well informed are you about what is happening with supervision now and the plans for Spring 2017 and beyond?

What do you see as the greatest challenges in delivering effective supervision now and in the future?

What benefits does supervision bring and how will these improve or change in the future?

What arrangements are being made for supporting women in future who would currently contact a supervisor of midwives?

Questions for representatives of users of maternity services

What contact do you have with SoMs currently?

How effective would you say supervisors are at supporting women's choices or supporting them with complaints or coming to terms with difficult experiences?

Are you aware of the proposed changes to the supervision of midwives?

What do you see as the advantages of the proposed model especially with regard to women and their families?

Do you have any concerns about the proposed changes?

What do you think women need to ensure that they can make their own informed choices and get support when things have been difficult?

Observations on the environment

Where observed				
Is information about SoMs clearly displayed in public areas?				
Does the information feature the correct all-Wales on-call number?				
Is the role of the SoM accurately described in the information displayed?				
Is there a clear explanation on the circumstances in which service users should contact the SoM?				
Is the all-Wales leaflet about SoMs available in public areas?				
Additional comments on visibility of Supervision.				
Additional observations on the environment				

12.3 Appendix 3 – Lay reviewer Questionnaire

Pre-audit preparation

Health Board:

Review the information on the health board's website about Supervision of Midwives.

Is it the correct on-call number? Yes No

Is there a clear description of what supervisors can do for women? Yes No

Is there a link to the LSA (HIW) site? Yes No

Is there a link to “Delivering for you” leaflet? Yes No

Notes

Randomly choose one of the locations where maternity services are delivered by the health board and ring the switchboard and ask for the on-call number for the supervisor of midwives.

Location Called:

Number Used:

Are you given the correct on-call number? Yes No

Notes

Questions for women and their families

Health Board:

Location:

1. Where / how have you received your care during your pregnancy? Have you been happy with this care?
2. Is there anything that was very good about your care? Or anyone who has been particularly helpful?
3. Is there anything that could have been done better?
4. Do you have any concerns about any of the midwives you have had contact with?
5. If you had a problem with a midwife, or your care in general, do you know who / where you could go to get support / advice?
6. Have you ever heard of Supervisors of Midwives? Explain who / what they are and what they can do. Provide information on how to locate their contact details in the specific Health Board / location.

Questions for Midwives

Name:

Role:

Group Supervision

1. Have you had an annual supervisory review (ASR) in last 12 months, and was it completed in group supervision?

2. Overview of their group supervision (how many, how organised, range of midwives, anything helpful, anything which could have been improved?)

3. How many group supervision sessions have you attended over last couple of years? More or less positive about it? Greatest benefit? Greatest negative?

Supervision On-call

4. Have you ever used the SoM on call number to contact a Supervisor in the last 6 months? If yes, how was it? Did it resolve your issue at the time?

Investigations

5. How do you see the SoM's role in investigations? Positive / negative? Are they helping to reduce risk / learn lessons? Have you had direct experience of an investigation?

Supervision Changes

6. Are you aware of the changes to supervision which will be in place by next Spring? Do you feel well informed about the changes? Do you have any concerns about the proposed new, employer led model of supervision? How well do you think preparations for the transition to the new arrangements are going?

7. What elements of the current model of supervision do you think should be kept? Is there anything you would like supervision to do which it doesn't do at present?

8. Do you know how women will be supported under the new model?

Feedback

9. Is there anything the SoM team does that you think is particularly good practice? Can we pass your feedback to the SoM team?

Supervision Changes

6. How well informed to you feel about the changes to supervision? Is this information being disseminated within the organisation? How well do you think preparations for the transition to the new arrangements are going?

7. Given the proposed change to an employer led model for supervision what do you see as the benefits for:

- a. SoMs
- b. Midwives
- c. Women and the general public

8. Do you have any concerns about the changes and how they affect SoMs, midwives and women?

9. What do you think should be in place to replace the support you offer to women? Is your organisation making any plans for this area?

Questions for Senior Managers

1. How well informed are you about what is happening with supervision now and the plans for Spring 2017 and beyond?

2. What do you see as the greatest challenges in delivering effective supervision now and in the future?

3. What benefits does supervision bring and how will these improve or change in the future?

4. What arrangements are being made for supporting women in future who would currently contact a supervisor of midwives?

Questions for representatives of users of maternity services

Name:

Organisation:

1. Do you know what a SoM is? Are you / your organisation informed about Supervision? What contact do you have / have you had with SoMs?

2. Do you know how effective supervisors are at supporting women's choices or supporting them with complaints or coming to terms with difficult experiences?

3. Do you think women are aware of Supervision and SoMs?

4. Are you aware of the proposed changes to the supervision of midwives?

5. What do you see as the advantages / disadvantages of the proposed model especially with regard to women and their families?

6. What do you think women need to ensure that they can make their own informed choices and get support when things have been difficult?

7. What do you think is the best way of disseminating information to women and their families?

SoM Information and Observations on the environment

Location		
SoM information clear in public areas?		
Correct all-Wales on-call number?		
Role of SoM accurately described in information?		
Clear explanation of circumstances in which service users should contact SoM?		
All-Wales leaflet about SoMs available in public areas?		
Other comments on visibility of Supervision / Supervisors		
General observations on the environment		

