



Annual LSA Audit Report 2016-2017

Abertawe Bro Morgannwg University Health Board

Local Supervising Authority Audit Report

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Prepared by:	Maureen Wolfe, Local Supervising Authority Midwifery Officer

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Director of Nursing

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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.....		14
9 Summary of Recommendations		17
10 Monitoring		20
11 Conclusion		20
12 Appendices		22
12.1 Appendix 1 – LSA Annual Audit Programme		22
a. Programme for Annual Audit of Standards for Supervision of Midwives		22
12.2 Appendix 2 – LSA Questionnaire.....		25
b. Annual Audit of Standards for Supervision of Midwives.....		25
12.3 Appendix 3 – Lay Reviewer Questionnaire		37

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 NMC. 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 (SoMs) are appointed by the LSA, whose function sits within Healthcare 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 appoints two LSAMOs to carry out the functions of the LSA in Wales.

All practising midwives in the United Kingdom are required to have a named SoM. A SoM 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 SoM is someone that midwives may go to for advice, guidance and support. The SoMs will monitor care by meeting with each midwife annually, (Rule 9, NMC 2012) auditing the midwives' record keeping and investigating any reports of problems or concerns in practice. They are also responsible for investigating any serious incidents and reporting them to the LSAMO (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 LSA annual audit report informs 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 confirm the recommendations of the previous audit have been met.
- To confirm that SoMs are delivering the function of supervision in each health board to NMC standards
- 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 make suggestions for further development and continuous improvement
- To ensure that midwifery practice is evidence based and responsive to the needs of women
- To assess and develop an understanding of participants' knowledge of the changes to statutory supervision.

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 in 2017.

4 Methodology

The process for the audit of the LSA standards uses verification of evidence by the LSA audit team. The SoM team are also required to reflect on their performance via a presentation, which will be delivered to the audit review team and will include successes 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 is also completed by the review team and includes peer review of the compliance of the individual supervisor of midwives to the LSA investigation process.

In this final year of the LSA auditing statutory supervision, the approach used will be focused on the core statutory role as described in the Midwives Rules and Standards.

5 Audit Process

For 2016-17 the audit process comprised of the following elements:

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

6 Local Supervising Authority Annual Audit Visit

The LSA annual audit visit was undertaken on 18 and 19 October 2016 by Maureen Wolfe, LSAMO. The LSAMO was supported by peer SoMs Karen Roberts and Cath Norman, by LSA reviewer Louise Woolley and by Sadie Silcox, LSA team support.

The Abertawe Bro Morgannwg University (ABMU) health board supervision team consisted of Karen Evans, Dawn Kelly and Rebecca Lewis. There were 302 midwives in post in ABMU at the end of Quarter two (30 September 2016) and 1.9 whole time equivalent SoMs. This calculates as one SoM to 12 midwives, which is within the required ratio set by the NMC of one SoM to 15 midwives.

All active SoMs have a caseload of midwives and take part in providing 24 hour supervisory advice and support via the all Wales on call rota.

All 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:</p> <ul style="list-style-type: none"> (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>(1A) The local supervising authority in England must publish:</p> <ul style="list-style-type: none"> (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>(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:</p> <ul style="list-style-type: none"> 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. 	
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 31 March 2016. 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 registered practice in each 3 year</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.</p> <p>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>

Notification of Practice.	
Notable Practice	
<ul style="list-style-type: none"> • 100% compliance with ItP entries and deletions • 100% compliance with monthly ItP returns 	
Areas for improvement	
<ul style="list-style-type: none"> • N/A 	
Outcome	
Rule 4 Met	

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. <p>Midwives standard</p> <p>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.</p> <p>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.</p>

LSA Expectation	Evidence and Audit Findings
<p>Midwives have a responsibility to keep secure any records that contain person identifiable and/or clinical information (this includes work diaries).</p> <p>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.</p>	<p>All maternity records were found to be stored securely at the audit visit. Notes storage areas within maternity were spot checked by the audit team on the day of the audit.</p> <p>All SoMs are able to describe the required process for self employed midwives records.</p>
Notable Practice	
<ul style="list-style-type: none"> • Process in place for transferring records to HIW 	
Areas for improvement	
<ul style="list-style-type: none"> • N/A 	
Outcome	
<p>Rule 6 Met</p>	

Rule 8 Supervisors of Midwives
<p>Rule</p> <p>(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.</p> <p>(2) A supervisor of midwives must:</p> <ul style="list-style-type: none"> (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. <p>(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.</p> <p>LSA standards</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>2 To be appointed for the first time as a supervisor of midwives, a midwife must:</p>

- 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	Evidence and Audit Findings
<p>Student SoMs are adequately recruited and supported following successful completion of the Preparation of Supervisors of Midwives (PoSoM) course.</p> <p>Each SoM must demonstrate ability to achieve the competencies set out in the NMC (2012) Standards for the preparation of supervisors of midwives.</p> <p>A current list of SoMs is available on the LSA database and will be reported in the LSA audit report.</p>	<p>The correct numbers of SoMs are appointed within the health board.</p> <p>All members of the SoM team have completed and recorded their required PREP activities.</p> <p>All members of the SoM team have self-assessed their competence to fulfil the role and have a plan to address any identified learning needs.</p> <p>At the time of audit the list of appointed SoMs on the LSA database was accurate.</p>
Notable Practice	
<ul style="list-style-type: none"> • SoM team well established and clinically visible 	
Areas for improvement	
<ul style="list-style-type: none"> • N/A 	
Outcome	
Rule 8 Met	

Rule 9 Local Supervising Authority's Responsibilities for Supervision of Midwives

Rule

A local supervising authority must ensure that:

- (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.

LSA standards

1 A local supervising authority must:

1.1 Ensure that a local framework exists to provide:

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
There is a local framework for supervision.	A SoM is available and accessible 24 hours per day via an on call system. Contact details are available in most clinical areas for midwives and the process of how to contact a SoM is on the health board website.
All student midwives must have access to a SoM and there should be local systems for this.	
SoM ratio remains within the recommended ratio of one SoM to 15 midwives.	The SoM team were able to evidence 75% attendance at local SoM meetings across the team.
Resources for supervision should be reviewed at every SoM meeting.	Every midwife has a named supervisor of midwives which was evidenced by the LSADB.
Annual reviews are based on LSAMO Forum UK policy.	
Local systems have been developed to ensure that SoMs have safe storage	The SoM team are involved in teaching student midwives about supervision in the clinical area and are trying to establish teaching within the University.

systems of any supervisory records	<p>Student midwives are aware of how to contact both their own, and an on-call SoM, if required.</p> <p>The overall SoM to midwife ratio is one to 12 which is within the recommended ratio.</p> <p>All annual reviews are undertaken in line with the LSAMO Forum UK Policy and this was confirmed by a pre audit spot check of the LSA database.</p> <p>Supervisory records are stored securely either in soft copy on the LSADB or on the Welsh Government i-share system. Hard copies are secured in locked storage cabinets.</p>
Notable Practice	
<ul style="list-style-type: none"> • Student midwives aware of supervision and SoM team 	
Areas for improvement	
<ul style="list-style-type: none"> • Work with University to re-establish University contact with student midwives • Achieve 100% compliance with ASR process as required 	
Outcome	
<p>Rule 9 Not Met</p> <ul style="list-style-type: none"> • 99% compliance 	

Rule 10 Publication of Local Supervising Authority Procedures
<p>Rule Each local supervising authority must publish its procedure for:</p> <p>(a) reporting all adverse incidents relating to midwifery practice or allegations of impaired fitness to practise against practising midwives within its area;</p> <p>(b) investigating any reports made under paragraph (a); and</p> <p>(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</p>

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.

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:

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 inclusive of the 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>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>Supervisory investigations are performed in external health boards to reduce bias and optimise local support for the midwife. The team achieve compliance in all aspects apart from timeliness.</p> <p>In the past year there have been three investigations by the local SoM team but only one was completed within the recommended 60 days timescale.</p> <p>There is a robust system for tracking investigations which is consistently used by all SoMs.</p> <p>Investigation findings are 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>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. The LSA is involved in this process and has</p>

	oversight of investigation reports and agrees any recommendations made for midwives as a result of a supervisory investigation.
Notable Practice	
<ul style="list-style-type: none"> All required investigation documents are available and stored securely 	
Outcome	
<p>Rule 10 Requires Improvement</p> <ul style="list-style-type: none"> All supervisory investigations should be completed within 60 days but this is recognised to be an All Wales issue 	

8 Lay reviewer findings

The lay reviewer participated fully in the audit, including:

- Discussing service satisfaction and SoM awareness with service users across a range of sites in both antenatal and postnatal environments
- Observing the general clinical environments, and assessing the visibility of supervision in public areas
- Undertaking pre-audit research in respect of the health board's website information relating to supervision and the switch board awareness of the All Wales on-call number
- Working with an external SoM to carry out interviews with:
 - MSLC Chair
 - LME representative
 - Midwives - a range of experience
 - Student midwives
 - SoMs.

Service users

Eight women, five of whom were with their partners, were interviewed across three sites during the audit. Some were interviewed antenatally and some postnatally. One had heard of supervision from reading her own records and another had seen information on a notice board. This is a positive trend from previous audits. When asked who they would have contacted if they had a concern, all of the women indicated they would have been comfortable raising concerns with other staff within maternity services. Typically, ringing their birth centre was cited.

The service users were extremely positive about the care they had received and had valued their community and hospital midwives. Only one woman had needed a

different place of birth to the one she initially chose, but she had felt she had good communication from all staff throughout this process.

A number of midwives were identified for the excellent care they had provided; in particular one woman noted that she and her baby had been attended to all through the night following an emergency Caesarean Section. The woman felt she had received very high quality one-to-one care. In particular, most of the women and their partners had valued that their midwives had taken the time to be reassuring and supportive and listened to the woman and her concerns well. Service users did not suggest any ways in which they wanted maternity services to be improved.

MSLC Chair

The MSLC Chair is also a Doula serving this and other health boards. She confirmed that at least one SoM attends meetings regularly and they have described their work with women clearly and helpfully. The MSLC Chair works closely with the health board and feeds back service user themes and trends. She feels that the SoM team are available both to her and to service users, that they participate and communicate well in meetings, and are visible and available in the clinical environment. In her chairing of the meetings it was noted the MSLC Chair ensures that women and families' stories are heard. These are both positive and challenging, and are described by senior staff as 'powerful'. The group appears to be well-run and extremely service-user centred. The MSLC Chair felt that women could be made more aware of the support available from the SoMs and the role they play.

The Chair had been briefed on the forthcoming changes to supervision as part of the audit process which had been beneficial in cascading this to women and their families. She noted that removal of direct access to a SoM for women would be unfortunate. The Chair is keen to know how the advocacy for women role will be carried forward in the new model.

The MSLC Chair sees evidence of good practice and there continue to be improvements. Attitudes towards supervision and support for women's choice is also improving within the health board. Future direction and improvements include engaging more with social media, perhaps creating online 'meet a supervisor' sessions and ensuring information about changes to supervision is communicated effectively to women and families. The MSLC chair noted that women's choice needs to be central to changes to the core model of midwifery supervision.

Clinical environment

The clinical environments were well maintained and gave a good impression. Thought had been given in the layout to the direct needs of women and their families. There is relevant service-user oriented information about supervision in the antenatal and postnatal clinics at all three sites, including a beneficial bilingual board, which is a clear enhancement of communication about the SoM role.

Website

The maternity section of the health board's website contains clear, good-quality information about Supervision of Midwives and details of the All Wales 24 hour on call number. The information addresses women and their families and is relevant and specific. The site is much more focussed on service users than in previous audits.

The review team were also told that further web developments are planned and that in readiness for this, a high number of service users have given feedback. The health board have responded to women's feedback to engage more with the health board via social media. It would be helpful to link to the LSA Supervision of Midwives' section of the HIW website. The hospital environments generally give an excellent in-road to communicating online with the health board, including regular signposting using QR codes, giving service-users rapid access to more information.

Midwives

All ten midwives interviewed were very positive about supervision and the SoMs, who were described as approachable and supportive. Two of the midwives spoken to had experience of the investigation process and it was noted that both found the local SoMs involved were supportive, even though the process has challenges for the individual. All of the midwives who had attended group supervision found it of benefit, stating that the learning from peers, and the understanding of others' perspectives (such as when transferred to labour ward at times of high demand) were helpful for their development and their teamwork. All midwives were aware that supervision is no longer to be statutory, but that the role would remain, and they valued the likely continuation of the use of group supervision.

Two midwives who take a lead in Continuous Professional Development (CPD) in the health board were interviewed and felt that the SoMs are visible even though the three sites are spread out. This is helped by the CPD sessions run 30 times a year which have good SoM presence. There is a mix of office-based support and presence in clinical areas and hospital switchboard are very helpful in getting hold of a SoM if needed. The SoMs are supportive of revalidation and it was noted that seeing exemplar portfolios helps. Confirmer training has also been valuable. SoMs are supportive to midwives, and this will be instrumental going forward as they already exhibit the qualities required in the new role. In the future the midwives predict that as the role becomes less regulatory they can focus on promoting better care, as SoMs won't be investigating and their time would be available to support women. They, like all the midwives interviewed, were very positive that group supervision will remain. They were keen that the new model would protect midwives hours for supervision and CPD.

The two student midwives interviewed had a remarkably good understanding of the role of a SoM and knew accurately which circumstances would prompt them to contact a SoM or when they could suggest that a woman or her family might wish to. They knew about changes to statutory supervision, but not the future direction. One student has a session with a SoM due next term. Their good level of knowledge came from their mentors, who spoke positively and knowledgeably about the SoM role.

Senior midwives and risk midwives

The meeting with risk management staff and other senior staff was valuable in triangulating the audit perspective. They were well informed about the changes to midwifery supervision and that this would be a health board led model. They valued that the SoMs are full time and are visible and supportive. At the moment the service has to be fairly reactive, but could become more proactive as time allows under the new model. Group supervision is viewed as a resounding success. The likely

embedding of supervisory programmes into existing capability and disciplinary systems will be valuable. This will lead to less duplication of work and pressure for any midwife involved. Management are aware of the high levels of input currently required of any registrant following an incident. The feedback was also given that with the absence of the 24/7 on call provision for women, the health board management on call structures will need to provide this service, and do already deal with urgent calls from women and their families. In this health board, this has always happened to a greater or lesser extent and therefore a framework is in place should it be required. Service users currently have a few pathways to let the health board know if they aren't happy with their care e.g. SoM on-call and the Patient Advocacy Liaison Service (PALS). One interviewee felt that the current system of a prompt response actually diffuses difficult situations before they escalate, improving outcomes. Senior staff felt that in the future, with less regulatory and investigative emphasis, the SoMs can be midwife advocates if there are practise referrals.

SoM team

The SoM team work well and positively together, each bringing their own strengths and valuing the other's approaches. They are described as accessible, supportive and visible to midwives and other staff across the health board. They relate well and positively towards all staff. They understand the future direction of supervision and are keen to contribute to its formation and implementation. They appear to be embedded in and valued by the health board.

9 Summary of Recommendations

NMC Compliance

Unfortunately the Director of Nursing (DoN) was not available on the day of the audit, but he did nominate a representative on his behalf. The delivery of effective supervision by the LSA within Abertawe Bro Morgannwg University (ABMU) health board was discussed with the Assistant Director of Nursing and Patient Experience (ADoN), who said she was assured that the LSA was able to discharge its function within the health board and had a comprehensive reporting procedure to the NMC. The ADoN said that she was confident the health board could work with the LSA and was happy with how smooth the process is.

The ADoN said that she was assured that the LSA were effective at raising concerns and that the Key Performance Indicator (KPI) framework is a good process. She also said that she would be raising questions with regards to the governance within the new model of supervision and will be challenging this.

The ADoN also said that she was assured of the sustainability of the current model of supervision within the health board due to the flexibility of the Head of Midwifery (HoM) and SoMs. The ADoN informed the audit team that she was closely involved with the Future Proofing model and is pleased with how the LSA has changed

supervision. She also said that she hopes to remain involved with supervision and the governance aspects of the new model. The ADoN said that the health board profile had changed significantly and that there is a vision and the health board needs to focus on the monitoring of supervision in the future.

The HoM said that she was satisfied that the local SoM team raised concerns effectively because they are involved with incident reviews and are therefore able to share their concerns. The HoM was also happy that the SoM team keep her informed of themes and trends that arise from group supervision, as they attend most meetings and relay information back to her.

The HoM said that communication during supervisory investigations was variable. The HoM also said that there had been a couple of occasions when the LSA and the health board have duplicated parts of investigations and this could be improved upon. The HoM also said that most of the SoMs tell her where the health board investigations are up to and they do really well in their roles. The LSA found that there was evidence of monthly meetings between the HoM and the SoM team.

The HoM was assured that the SoM team interacted with the organisation's governance processes as there was always a SoM presence at risk meetings and they review and contribute to action plans. This was supported by the senior midwives and the Risk Midwife.

The HoM also informed the audit team that the local SoM team had effectively supported midwives through revalidation and she was surprised that the midwives did not appear to need as much support as she thought that they would.

The HoM was unable to share the exact percentage of midwives in the organisation who had completed their mandatory training, but was assured that it was near 95 to 100%, as there was leave and sickness absence to take into account.

The HoM was aware of the proposed changes for supervision and is keen to support the success of the new model. The HoM did not have any suggestions to improve supervision but the SoM team were really receptive to suggestions and that they offer support and are a part of the team.

Following on from the 2015-16 audit programme, information was sought to evidence that the following areas detailed for improvement had been addressed:

- Health board website to include a link for the user leaflet "Are we delivering?"
- New and rotational SoMs would like to continue to benefit from strategic coaching and development
- Strengthening links with South Wales University to meet the KPI for student midwives
- SoMs to actively support the revalidation agenda.

Evidence was found that the website was much improved and that the SoMs are

supporting the revalidation agenda. There is potential to re-establish links with South Wales University and the SoM team will liaise with the University and the Cwm Taf SoM team to organise this in the near future. A personal development session has been organised for All Wales SoMs in February 2017 with Cathy Warwick, the DoN representative, who kindly offered her support during the LSA audit visit. Therefore all areas for improvement will be addressed.

Of the six Midwives Rules and Standards audited, four were met, one was not met and one required improvement. The SoM team have an action plan in place to address the outstanding ASRs and become 100% compliant again in the near future.

Three supervisory investigations had been undertaken by the SoM team in the previous 12 month period. Only one of the three was completed within the recommended time frame. Discussions were held during the audit with regards to the reasons that SoMs throughout Wales were not meeting the 60 day target for completion of investigations. One of the factors believed to be contributing is the amount of new SoMs that have stepped up into practice and therefore require additional support in developing reports to the necessary high standard. The delay in receiving I.T. equipment such as laptops is also thought to have an effect on the timeliness of report completion by SoMs who have stepped up into practice, as they need to travel to Welsh Government offices to access the investigation documentation. The delayed allocation of laptops and potential to delay the completion of an investigation has been escalated to HIW as a risk. Two of the three SoMs in ABMU health board had stepped up in the previous 12 months and these reasons have therefore been taken into consideration for their performance.

Midwifery Practice

There was positive feedback from six service users as detailed in the lay reviewer report (Section 8).

Specific midwives were named by women and their families, who had provided excellent care. The lay reviewer will forward these names to the HoM and the LSA team request that they receive this positive feedback personally.

Organisational

The LSA team all commented on the welcoming, happy atmosphere within the health board which was highly notable.

The LSA team also found that the organisation as a whole appeared to be well informed about the proposals for the new model of supervision and there was strong support for ensuring its future success.

More notice boards highlighting supervision and how to contact a SoM should be

made available in clinical areas.

The website also needs to be updated to include this information and the links to the LSA “Are we Delivering?” leaflet and the LSA Annual report.

10 Monitoring

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 ABMU.

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

- The SoM team are supportive, visible and accessible
- The SoM team have strong links with clinical governance
- Group supervision is highly valued in ABMU health board
- The SoM team have strong links with practice development
- The SoM team have disseminated the proposals for the future of supervision to the organisation and have kept everyone well informed.

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

- One hundred percent of ASRs to be completed and percentage maintained
- The SoM team must record their CPD on the LSA Database in line with their KPIs
- There should be a review of the SoM team caseloads in the near future to ensure equity of workload due to the amount of newly qualified midwives
- Partnership working with the Cwm Taf SoM team and South Wales University is required to improve interaction with student midwives.

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.

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.

12 Appendices

12.1 Appendix 1 – LSA Annual Audit Programme

a. Programme for Annual Audit of Standards for Supervision of Midwives

Date: 18th and 19st October 2016

Location: Tuesday, 18th October 2016 – Neath Port Talbot Hospital/Singleton Hospital

Wednesday, 20th October 2016 – Princess of Wales Hospital

Neath Port Talbot Hospital - Day 1 Parentcraft Room AM			
No.	Time	Activity	
1	9.30am	Arrival & Coffee	
2	10am	<p>Introduction from the LSA review team</p> <p>LSA MO presentation to set out the purpose of the 16-17 audit process of supervision and the future direction of supervision set out by the NMC</p> <p>Invited:</p> <ul style="list-style-type: none"> Director of Nursing Head of Midwifery and Senior Midwives Clinical Director Health Board and Maternity Governance / Risk leads Lead Midwife for Education MSLC Chair/CHC link for maternity services Work Place representatives 	
3	10.30am	<p>15 minute overview presentation from local SoMs to include:</p> <p>TBA</p> <p>15 min Questions and Answers</p>	
4	11.00am	Break	
5	11.15am	<p><u>Review team A</u></p> <p>Meet with DoN representative</p>	<p><u>Review team B</u></p> <p>Meet with MSLC Chair / CHC Link</p>
6	11.45am	<p><u>Review team A</u></p> <p>Meet with HoM</p>	<p><u>Review team B</u></p> <p>Meet with representative from Swansea University</p>

7	12.15	<u>Review Team A</u> Meet with Lead Midwife Birth Centre NPTH/ Singleton Maternity unit	<u>Review team B</u> Meet with Lead Midwife Singleton Maternity unit
8.	12.45	<u>Review Team A</u> Meet with Maternity Governance Lead / Risk Midwife	<u>Review team B</u> Meet with Midwives /Std Midwives and visit Birth Centre NPTH
	13.30pm	Travel to Singleton and Lunch	
<div>Day 1 - Tuesday, 18th October 2016 – PM</div> <div>Singleton Hospital</div> <div>Clinical to verify evidence within the clinical environment</div>			
10	14.45	<u>Review team A</u> Meet with 3 Midwives	<u>Review team B</u> meet with 3 student midwives (Swansea University)
11	15.15	<u>Review team A</u> Visit unit and speak to women/ Partners	<u>Review team B</u> Meet with midwives who have been involved in investigations
	15.45	Coffee	Coffee
	16.00	Review teams convene	

Princess of Wales Hospital - Day 2
Wednesday 19th October 2016

Maternity Seminar Room

1	9.30	Arrival & Coffee	
2	10.00	<u>Review team A</u> meet with Carolyn Williams, Lead Midwife POW	<u>Review team B</u> meet with Dawn Apsee, Intrapartum Lead Midwife
3	10.30	<u>Review team A</u> visit to Labour Ward	<u>Review team B</u> Visit to Antenatal Clinic
Coffee			
4	11.15	<u>Review team A</u> _meet with 4 x Hospital based midwives:	<u>Review team B</u> meet with 4 x midwives: - 2 hospital midwives - 2 community midwives
5	11.45	<u>Review team A</u> meet with Student Midwives (S. Wales University)	<u>Review team B</u> Visit ward 12 speak to women and partners
	12.15pm	Lunch	
6	13.15	LSA Review teams to summarise findings and draft information for report	
7	14.30	Feedback to HoM and SoMs with overview of day and next steps	

12.2 Appendix 2 – LSA Questionnaire

Healthcare Inspectorate Wales LSA

b. Annual Audit of Standards for Supervision of Midwives

Autumn 2016

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

Rule 6 records Can you tell us about your plan to transfer and/or archive records in preparation for the removal of statutory supervision.	Evidence Records are securely stored Records are being prepared for transfer/scan and upload
Response	Comment
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	Evidence Attendance at CRM, LWF, Datix review meeting, joint investigations SUI reviews, delivery of mandatory training
Response	Comment
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	Evidence
Response	comment
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	
Response	comment

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	Evidence; Process Report writing Access to Training Access to IT systems
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? ☐ es

☐ No

Notes

Location:

- 39

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?

Questions for Supervisors of Midwives

Group Supervision

1. General chat about their group supervision, how it's organised, attendance, feedback etc.
2. Benefits and challenges of group supervision?
3. Example of something that has been discussed in group supervision and as a result enhanced the protection of the public?

Investigations

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

Good Practice

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

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?

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		