



# Annual LSA Audit Report 2016-2017

Hywel Dda University  
Health Board

## Local Supervising Authority Audit Report

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## 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 4 and 5 October 2016 by Maureen Wolfe, LSAMO. The LSAMO was supported by peer SoMs Karen Evans and Susan Rees, by LSA reviewer Elizabeth David and by Sadie Silcox, LSA team support.

The Hywel Dda University (HDU) health board supervision team consisted of Susan Peterson and Lynn Smith-Hurley. There were 205 midwives in post in HDU health board at the end of Quarter two (30 September 2016) and 1.6 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><b>Rule</b></p> <p>(1) Each local supervising authority in Wales, Scotland or Northern Ireland must publish:</p> <ul style="list-style-type: none"> <li>(a) the name and address of its midwifery officer to whom a notice under Rule 3(2) or (3) is to be submitted;</li> <li>(b) the date by which a midwife must give notice under Rule 3(3).</li> </ul> <p>(1A) The local supervising authority in England must publish:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(b) the date by which a midwife must give notice under rule 3(3).</li> </ul> <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><b>LSA standard</b></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"> <li>1.1 Intention to practise notifications are sent to the NMC by the annual submission date specified by the Council.</li> <li>1.2 Intention to practise notifications received after the annual submission date are sent to the NMC as soon as reasonably practicable.</li> </ul>	
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<sup>st</sup> 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 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 (NoP) cycle.	
<b>Notable Practice</b>	
<ul style="list-style-type: none"> <li>• <b>100% compliance with ItP entries and deletions</b></li> <li>• <b>100% compliance with monthly ItP returns</b></li> </ul>	
<b>Areas for improvement</b>	
<ul style="list-style-type: none"> <li>• <b>N/A</b></li> </ul>	
<b>Outcome</b>	
<b>Rule 4 Met</b>	

<b>Rule 6      Records</b>
<p><b>Rule</b></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"> <li>(a) transferred to the midwife's employer for safe storage; or</li> <li>(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.</li> </ul> <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><b>LSA standard</b></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"> <li>1.1 When the records are to be transferred.</li> <li>1.2 To whom the records are to be transferred.</li> <li>1.3 Methods to ensure the safe transit of records.</li> <li>1.4 Documentation to record such a transfer.</li> </ul> <p><b>Midwives standard</b></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"> <li>• <b>Process in place for transferring records to HIW</b></li> </ul>	
Areas for improvement	
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	
Outcome	
<p><b>Rule 6 Met</b></p>	

<b>Rule 8 Supervisors of Midwives</b>
<p><b>Rule</b></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"> <li>(a) be a practising midwife; and</li> <li>(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.</li> </ul> <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><b>LSA standards</b></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"> <li>1.1 Publish a policy setting out its criteria and procedures for the appointment of any new supervisor of midwives in its area.</li> <li>1.2 Maintain a current list of supervisors of midwives in its area.</li> <li>1.3 Ensure provision of a minimum of six hours continuing professional development per practice year.</li> </ul> <p>2 To be appointed for the first time as a supervisor of midwives, a midwife must:</p> <ul style="list-style-type: none"> <li>2.1 Have a minimum of three years' experience as a practising midwife. At least one of which must</li> </ul>

- have been in the two-year period immediately preceding the first date of appointment<sup>4</sup>.
- 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"> <li>• The SoM team have established themselves effectively</li> </ul>	
Areas for improvement	
<ul style="list-style-type: none"> <li>• Continue to improve upon clinical visibility</li> </ul>	
Outcome	
<p><b>Rule 8 Met</b></p>	

## 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.	The SoM team are involved in teaching student midwives about supervision in the clinical area and in the University. Student midwives are aware of how to
Local systems have been developed to ensure that SoMs have safe storage	

<p>systems of any supervisory records</p>	<p>contact both their local 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. Unfortunately, over half of the documents spot checked had not been uploaded onto the LSA Database, but there was additional evidence to certify the ASR had taken place on the relevant webpage.</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>
<b>Notable Practice</b>	
<ul style="list-style-type: none"> <li>• <b>100% ASR compliance</b></li> </ul>	
<b>Outcome</b>	
<p style="text-align: center;"><b>Rule 9 Requires Improvement</b></p> <ul style="list-style-type: none"> <li>• All ASR documents are to be uploaded onto the LSA Database in a timely fashion</li> </ul>	

<b>Rule 10 Publication of Local Supervising Authority Procedures</b>
<p><b>Rule</b></p> <p>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><b>Reporting adverse incidents, complaints or concerns relating to midwifery practice</b></p> <p><b>LSA standard</b></p> <p>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</p>

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
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.	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.
Service recommendations evolving from investigations should be escalated to the employer and monitored by the SoM team.	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.
There is evidence of a systematic review of midwifery practice when required.	There is a robust system for tracking investigations which is consistently used by all SoMs.
There should be an effective, shared and transparent interface between supervision and clinical governance.	Investigation findings are discussed at SoM meetings so that trends can be identified and any learning implemented through practice change and action planning.
	Any organisational recommendations that result from supervisory investigations are followed up with management.
	SoMs attend and contribute to the maternity governance meetings, incident reviews and policy group. SoMs now have direct access to Datix reports and therefore can initiate case reviews themselves.
	There is an effective system for SoMs to be alerted to 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 oversight of investigation reports and agrees any recommendations made for midwives as a result of a supervisory investigation.
<b>Notable Practice</b>	
<ul style="list-style-type: none"> <li>• All required investigation documents are available and stored securely</li> <li>• The SoM team have access to Datix incident reports</li> </ul>	
<b>Outcome</b>	
<p style="text-align: center;"><b>Rule 10 Requires Improvement</b></p> <ul style="list-style-type: none"> <li>• All supervisory investigations should be completed within 60 days but this is recognised to be an All Wales issue</li> </ul>	

## 8 Lay Reviewer Findings

The Lay Reviewer participated fully in the audit, including:

- Discussing service satisfaction and awareness of supervision with service users across two 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 on-call number
- during the audit, working with an external SoM, to carry out interviews with:
  - midwives of a range of experience
  - SoMs.

Six women (and their families in some cases) were interviewed, across two sites during the audit process and one was aware of supervision, through reading the “Are we delivering?” leaflet available on the antenatal ward. Whilst this is a slight decrease in the number of women or partners aware of supervision in the last audit, the sample size is small and still shows greater awareness of supervision than in audits three or four years ago. Whilst the knowledge of supervision was low, four of the six women identified someone who they would be comfortable discussing concerns with, if necessary, although there was no consistency in which person they identified. Encouragingly, two of the women mentioned midwives and it was clear they felt they could approach the midwifery team with any concerns.

Two women who had been supported by a SoM during their pregnancies were also contacted and their experiences discussed. Both women felt their experiences had



been improved as a result of the support received by a SoM. The advantages of SoM involvement they highlighted included: better understanding of hospital policy, more consistent information coming through one person, respect for their own research and decisions. The face to face contact was highly valued and had given confidence and re-assurance. Both women felt the overall impact of the SoM involvement was to make them feel more relaxed through the pregnancy. This was first hand evidence of the necessity for advocacy for women to be provided by the health board and its significant impact on supporting choice for women.

Overall, the level of satisfaction of women and their families with their care was extremely high, with a large proportion of those interviewed unable to suggest any improvements to services. The care from midwives was frequently described as “helpful” and “lovely” with some midwives identified for their exceptional care. There were a couple of comments on improvements to maternity services relating to the time it took to park when referred for additional, urgent scans and the anxiety this induced and a couple of mistakes resulting in a delayed referral to a consultant and being sent to the wrong hospital site for a clinic appointment.

The Maternity Services Liaison Committee (MSLC) were not represented during this audit, however the lay reviewer spoke to representatives of the Community Health Council (CHC) who had recently undertaken visits to parts of the maternity services in Withybush and Glangwili. Their visits covered a much broader remit than this audit and they were able to confirm that users of the services are generally happy with the care they are receiving and that there had been no specific issues with regard to midwifery raised during their visits.

The clinical environments were all clean and tidy and felt calm, although both sites were very quiet at the time of the visits. The environment at Bronglais is very clean and had a new feel to it. There are some beautiful stencils on the walls, particularly at the Glangwili maternity unit, although some consideration could be given to providing some softening touches. There are some lovely photographs in the MLU at Glangwili and the rooms there are larger and feel more relaxed than at Bronglais.

There is good information about supervision at both sites, but this is mainly targeted at midwives. During our walk around, we did not see any information about supervision in the areas accessible to women at Bronglais, although we are told there is a board in the antenatal clinic. Its location is not in the main seating area of the waiting room so not all women will see it readily. There is a supervision notice board by the entrance onto Dinefwr Ward at Glangwili and this was a clear board with bi-lingual copies of the “Are we Delivering?” leaflet available and the on-call number clearly visible. During the visit to the Midwifery Led Unit (MLU), no information about supervision was identified in the public areas. There is clearly information available and one woman had read the “Are We Delivering?” leaflet whilst attending for monitoring, which demonstrates the value in maintaining the supervision information boards. It would be of benefit to ensure all areas where maternity services are delivered have clear, visible boards for women and their partners.

The maternity section of the health board's website contains good information about Supervision of Midwives and includes links to the “Are We Delivering?” leaflet and

details of the 24 hour on-call number. The information is concise and addresses women directly. There are three improvements which could be made:

1. The “Are we Delivering?” leaflet is only available in English and should be available in Welsh
2. The link to the HIW website has letters missing and therefore does not work, nor does it reference the LSA specifically. This needs to be addressed
3. The link to the audit report is several years out of date as it links to the 2013-14 audit report, this needs to be updated.

The pre-audit switch board contact was with Bronglais Hospital switchboard. The switchboard appeared to recognise the request for the on-call number for the supervisor of midwives but could not locate that number and quickly directed the call to ward staff who were able to provide the number straightaway.

Overall, the midwives interviewed were positive about supervision and there is continuing support for group supervision. Some midwives and SoMs were able to give specific examples of shared learning within group supervision and identification of issues which were unlikely to have been raised in the one to one format and which enhanced the service delivered. Whilst all midwives were aware that changes to supervision were imminent, there was little awareness of the detail of the future model. It would be beneficial to raise the profile of the forthcoming transition even though the details are unclear. There was a strong sense from the SoMs that the health board is supportive of, and will continue, to support supervision. In anticipation of the SoM role advocating for women changing, the SoMs are already preparing for the transition by identifying how they can support midwives to support a woman directly, without face to face involvement, when her birth plan is outside of the usual health board pathways.

The SoM team appears to be a strong and positive unit, providing invaluable support to midwives and women across the health board. The process for replacing statutory supervision is still developing, however, the SoMs appear confident in their health board's commitment to supervision and the future.

## 9 Summary of Recommendations

### NMC Compliance

The delivery of effective supervision by the LSA within Hywel Dda University health board was discussed with the Acting Director of Nursing (ADoN). The ADoN 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. The ADoN said that she was encouraged by the way in which the health board and the LSA are working together and that the external scrutiny provided by the LSA was reassuring and enabled openness and honesty when putting things right.



On further discussion with regards to the LSA escalation of concerns ensuring safe midwifery practice within the organisation, the ADoN said that she found that the LSA were effective and that she was assured by recent experience. The ADoN has found the LSA to be supportive in making improvements and preventing reoccurrences of similar issues. The ADoN also said that she did not yet feel assured by the future of supervision, as the model was not yet complete and it was therefore difficult to gauge.

The Head of Midwifery (HoM) said that she was satisfied that the local SoM team raised concerns effectively and that she had a good working relationship with them. There was evidence that monthly meetings have been re-established between the HoM and the SoM team and the HoM said that she had developed a better understanding of the SoM role in the previous year.

The HoM was assured that the SoM team had become more interactive with the organisation's governance processes and that their understanding of the Code was good; this was supported by the senior midwives and the clinical risk midwife.

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 close to 100%. The HoM also informed the audit team that the local SoM team had effectively supported midwives through revalidation by putting on workshops in all areas including rural settings.

The HoM felt that communication during the supervisory investigation process had improved and that she was kept informed. The HoM was also aware of the proposed changes for supervision and was keen to support its future success.

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

- Improved awareness of the All Wales SoM contact number by the 'call centre' (Switchboard)
- Development of an MSLC, this may be via a website as an on line group
- The All Wales SoM contact number should be made the most prominent, if not the only number on the posters and leaflets within the hospital and MLUs
- Improved interaction with student midwives.

Evidence was found that two of these areas had been improved upon, but the organisation's switchboard awareness of the All Wales on call phone number had not improved and an MSLC had not yet been developed. The HoM said that she was hoping to establish an on line group and she was benchmarking with other areas.

Of the six Midwives Rules and Standards audited, four were met and two required improvement. The All Wales performance with regards to investigations was discussed during the audit. Only one of the three was completed in HDU health board 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 number of new SoMs that have stepped up into practice and therefore require additional support in delivering 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. As there had been no change to the SoM team in the previous year, these reasons could not be attributed to their performance.

## Midwifery Practice

There was positive feedback from six women with regards to their experience of midwifery care provision at HDU health board. One woman reported being able to experience all of her care in the medium of Welsh during several pregnancies.

The audit team also spoke with a Royal College of Midwives (RCM) Representative who suggested that more information with regards to supervision would be useful for student midwives. The Representative said that supervision was aimed at supporting and protecting mothers and babies and was pleased to hear that the new model would be based more on supporting midwives to support women.

## Organisational

Two areas of concern were identified by the LSA during the audit and were reported directly to the ADoN and HoM:

- The separation of mothers and babies following Caesarean Section at Bronglais maternity unit
- The ad hoc stabilisation of babies by midwives at Bronglais maternity unit, until such a time as they can be transferred to a special care baby unit (SCBU).

The maintenance of midwifery skills in this field of expertise, appropriate training and utilisation of midwifery time performing non midwifery duties, were considered to be of concern to the LSA.

The LSA requested further assurance that these issues would be reviewed and addressed. The ADoN and HoM agreed that they would consider the concerns raised and would feed back all agreed actions to the LSAMO for HDU health board, Lindsey Hilldrup.

## 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 HDU 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 SoMs are reported to be supportive
- Good evidence of supporting student midwives through the transition to registrants
- Women becoming more aware of supervision
- Positive feedback from two women who had accessed SoMs and had experienced positive intervention.

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

- SoM team need to celebrate their successes more openly
- SoMs to support midwives to view themselves as one health board not three individual sites
- SoMs to educate midwives that supervision will be changing in the future not 'stopping'
- More supervision noticeboards would be beneficial for women and their families
- The health board website should be updated to include a link to Healthcare Inspectorate Wales and the LSA Annual reports
- The SoMs should support the implementation of an MSLC.

## 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 Audit Programme

Programme for Annual Audit of Standards for Supervision of Midwives

**Date:** 4<sup>th</sup> October 2016

**Location:** Gwennllian Maternity Unit, Brongalis Hospital, Aberystwyth SY23 1ER

		<b>Day 1</b>
<b>No.</b>	<b>Time</b>	<b>Activity</b>
<b>1</b>	10.00	<b>Arrival &amp; Coffee</b>
<b>2</b>	10.30	<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>( Video conferencing to be arranged with Carmarthen and Withybush as necessary)</p>
<b>3</b>	11.00	<p>15 minute overview presentation and storyboard from local SoMs to include:</p> <ul style="list-style-type: none"> <li>• Summary of progress in delivering KPIs for 2016-17</li> <li>• Examples of Good Practice and achievements of local SoM team</li> <li>• Examples of learning the lessons / closing the loop from supervision investigations</li> <li>• Benchmark against lessons learnt from Guernsey and Kirkup</li> </ul> <p>15 min Questions and Answers</p>
<b>4</b>	11.30	<b>Break</b>
<b>5</b>	11.45	<p>Review team <i>to meet</i> and/or make telephone contact with maternity service user</p> <ul style="list-style-type: none"> <li>• HoM - Julie Jenkins</li> <li>• Clinical and operational lead midwife –Helen Jones</li> <li>• Community Midwives</li> <li>• Newly qualified midwives</li> <li>• Walkabout to include visits to all clinical areas including Antenatal clinic (<i>morning visit necessary</i>)</li> <li>• Midwifery led Unit</li> </ul>
	1pm	<b>Lunch</b>

6	1.30	<ul style="list-style-type: none"> <li>BGH Midwives</li> <li>Service user</li> </ul>
	2.30	Coffee and review of the day in MLU

## Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

**Date: 5<sup>th</sup> October 2016**

**Location: Dynefwr Ward . Glangwili Hospital. Carmarthen**

		DAY 2
1	09.30	Arrival and coffee
2	10.00-13.00	Review team to meet <ul style="list-style-type: none"> <li>Health Board Maternity Governance / Clinical risk midwife</li> <li>Senior Midwives Management Team</li> <li>Community Midwives</li> <li>Student midwives</li> <li>CHC link- Sam Dentton. Deputy Chief Officer Hywel Dda</li> <li>MLU walkabout</li> <li>Service User</li> </ul> <i>Break for refreshments as required</i>
3	11.30	LSA Visiting team to meet with DoN Mandy Davies and HoM Julie Jenkins  <i>This meeting to take place in Julie Jenkins office. Teilo Ward. Glangwili Hospital.</i>
4	13.00	LSA Review team to summarise findings and draft information for report to HoM
5	13.30	Feed back to local SoMs

## 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
<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	Evidence

Can you tell us about your plan to transfer and/or archive records in preparation for the removal of statutory supervision.	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	Evidence;



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	Process Report writing Access to Training Access to IT systems
Response	Comment
<b>HoM interview</b>	
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"> <li>• Communication from the investigating SoM</li> <li>• Communication with the named/supporting SoM</li> <li>• Links between LSA and organisation processes</li> </ul>	
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
<b>DoN interview</b>	
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
<b>Midwives and Senior midwives</b>	
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
<b>Student Midwives</b>	
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 <b>no</b> , 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?

## **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?

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

<b>Location</b>		
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		