Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

amddiffyn y cyhoedd trwy oruchwyliaeth statudol o fydwragedd

protecting the public through statutory supervision of midwives

Cardiff and Vale University Health Board

Annual LSA Audit

2012-2013

August 2013

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications and Facilities Manager
Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Or via

Phone: 029 20 928850
Email: hiw@wales.gsi.gov.uk
Fax: 029 20 928877
Website: www.hiw.org.uk

Digital ISBN 978 1 4734 0098 6
© Crown copyright 2013
WG19485

Contents

1 Executive Summary

1.1 Local Supervising Authorities (LSA) are organisations within geographical areas, responsible for ensuring that statutory supervision of midwives is undertaken according to the standards set by the Nursing and Midwifery Council (NMC) under article 43 of the Nursing and Midwifery Order 2001, details of which are set out in the NMC Midwives rules and standards. In Wales, the function of the LSA is provided by Healthcare Inspectorate Wales on behalf of Welsh Ministers. The LSA in Wales has two appointed LSA Midwifery Officers (LSAMO) to carry out the LSA function on its behalf.

1.2 The purpose of the annual audit is to assess the performance of Supervisors of Midwives (SoMs) in delivering the function of supervising in each Health Board against the NMC standards and make suggestions for further development and continuous improvement.

1.3 Overview

In this reporting year the LSA revised the process for auditing maternity services devised in 2011-2012 to be more proportionate and focused on nine specific standards across Wales where it was previously demonstrated there is a need for ongoing development. For Cardiff and Vale Health Board there were also three further standards which were either unmet or had weak evidence in 2011-12 which were subject to audit this year and have now been met with strong evidence. This current audit showed that 11 % (1) of the criteria for the nine standards measured were met with strong evidence and no development action is suggested. The remaining 89% % (8) were met with strong or strong to moderate evidence and recommendations are made for further continual development to strengthen the supervisory function. There three standard which was met with weak evidence in 2011/12 which are now met and progress will be kept under review.

Recommendations are given against areas where development is required within the audit tool to support the SoMs in Cardiff and Vale LHB to develop standards where evidence was less robust and or would benefit from continued development in accordance with the aims of the ongoing audit process. The LSA has been clear from the outset that the revised audit processes are not intended to be critical but rather they aim to support continuous development by attracting appropriate resources and training as required.

This report will be published on the Healthcare Inspectorate Wales website in due course

subject to translation at **www.hiw.org.uk**.

2 Introduction

2.1 It is expected that Supervisors of Midwives (SoMs) work to a common set of standards to empower midwives to practise safely and effectively and thereby enhance public protection. Each year the Local Supervising Authority (LSA) is required to submit a written annual report to the Nursing and Midwifery Council (NMC) to notify it about activities, key issues, good practice and trends affecting maternity services in its area. To inform this process the LSA Midwifery Officer (LSAMO) will undertake audits of maternity services within their area.

2.2 The process for the audit of the LSA standards takes a self/peer review approach against all NMC standards followed by an audit visit from the LSA team to verify evidence submitted against the nine priority standards. The review team consisted of the named LSA MO, a LSA Lay Reviewer, an experienced SoM from a neighbouring LHB and a student SoM. This enables a team approach to audit, provides opportunity for peer review and benchmarking as well as supporting the sharing of best practice. The inclusion of the LSA lay reviewers within the team for the first time this year ensured the user perspective was sought throughout the audit process rather than the lay reviewers conducting a separate and unrelated audit function, as previously, which was welcomed at all levels.

2.3 The audit visit for Cardiff and Vale LHB, took place on 20/03/2013.The audit date was rescheduled from the initial planned date on 09/01/13 as the LSA Midwifery Officer was on long term sick leave. Key personnel were invited to attend as well as the LHB supervisory team (**Appendix A Programme**). The Nurse Director was unable to attend at short notice but a telephone contact was undertaken prior to the audit visit and initial audit feedback was provided from the SoM team.

2.4 The audit was conducted by Julie Richards, LSAMO who was supported on this occasion by LSA Lay Reviewer Natalie Paisey, Zoe Ashman an experienced Supervisor of Midwives from Cwm Taf Health Board, and Jo Lavery, a Student Supervisor of Midwives from BCU Health Board.

2.5 The audit visit began with a brief presentation by Julie Richards on the purpose of the audit and the LSA plans for the way forward to link the audit recommendations to an action plan as part of the LHB Annual Report. This session was followed by the SoMs PowerPoint presentation which gave an overview of Cardiff and Vale HB and supervisory activities as well as the achievements of the SoMs in terms of good practice. In addition, the audit visit gave an opportunity to meet with the Head of Midwifery, Clinical Director, Divisional Nurse, Head of Corporate Risk Manager and Governance, SoMs, midwives, and receive

comments from service users **(Appendix B list of participants).**

3 Audit Findings

3.1 The purpose of the annual LSA audit is to review the evidence demonstrating that the Nursing & Midwifery Council (NMC) Standards for Supervision are being met; ensure that there are relevant systems and processes in place to enhance the safety of mothers and babies; ensure that midwifery practice is supported by evidence-based policies and procedures, and that practitioners are supported by SoMs to maintain clinical competence; identify that midwives communicate effectively within the multidisciplinary team and to review the impact of supervision on midwifery practice. The LSA review team make their assessment from the information provided to them prior and during the audit visit.

3.2 There is evidence of good progress within statutory supervision over the last 12 months. The progress has been achieved during a period of change with the appointment of a new Head of Midwifery who is also a SoM and a change to the SoM undertaking the Contact SoM role... During this period the SoMs have re-established the team which has a vision to ensure that supervision is fit for purpose, forward thinking and inclusive. The team recognise they still need to develop as a cohesive team and ensure a clear interface with management demonstrating a healthy balance of collegiate working and appropriate professional challenge. Supervisors are becoming empowered with the appropriate knowledge, skills and opportunities that will enable them to work at a higher level and contribute to the wider governance agenda

3.3 **Positive elements and examples of good practice identified during the review included**:

- Since the 2011-12 audit visit SoMs have been using the e-rostering system to ensure they arrange protected time to undertake their SoM role. It has been noted that this has increased the visibility of SoMs in the clinical area and enabled the team to drive forward a number of SoM activities.

- During the last 12 months, the SoM team have strengthened their interface with the clinical governance agenda. Since the 2011-12 audit visit SoMs have devised a rota to ensure that SoMs are represented at a number of divisional clinical governance meetings with SoMs now attending quality and safety meetings, weekly incident review meetings and linking into RCA's.

- In the 2011-12 concerns were raised in regard to the challenge in ensuring

supervisory activities were undertaken in an area that maintained confidentiality and privacy. Since that audit visit, a dedicated room is now available to ensure confidential and private meetings for all SoM activities. The room is booked by SoMs through the SoM admin role. It has been set up as a small meeting room with locked cabinets to store SoM records and has IT facilities available for SoMs.

- The organisation has experienced a number of environmental changes in the last two years. These developments were a noticeable improvement for the LSA Lay Reviewer who had visited in 2010-11. During the visit to the clinical area, the review team described the environment as calm, organised and it felt safe. It was also evident that there is a clear communication structure, such as daily safety briefings and monthly supervision safety briefings.

3.4 Challenges

- Like most SoM teams there are particular challenges in balancing the needs of a substantive post with those of being a SoM. There are currently no SoM teams in Wales that are fully compliant with the Annual Supervisory Review process ensuring all midwives have had an annual review in the pervious 12 months.
- Cardiff and Vale SoMs should continue the focus on developing greater cohesion across the supervisory team and seek opportunities for leadership and development to enable some of them to work more effectively at a strategic level.
- The difficult financial climate makes it challenging to support all SoMs to experience adequate exposure to all aspects of the role which is evidenced by the submission of the annual supervision competency tool to the LSA.
- During the audit visit, the review team raised concerns in regard to offering CTG monitoring to all low risk women which is not evidence based practice and goes against NICE recommendations. The NMC Code of Conduct requires midwives to deliver care based on sound evidence, whilst the SoMs role is to support midwives in providing care that is effective and promotes normality, standards which may be called to question with this practice.

3.5 Recommendations to support continued development

Recommendations to support the Cardiff and Vale SoM team in taking forward improvements to the supervisory function have been identified under each of the NMC standards within the audit tool that follows. The SoMs submitted their evidence prior to the LSA audit visit and were required to identify any improvement actions they felt were needed to strengthen their evidence against the measures described by the LSA to indicate strong, moderate or weak evidence. The purpose of this revised process was to enable SoMs to identify their own improvement actions for the coming year and give them ownership of future development. In general the action planning section of the

audit tool was not developed from the previous year where action planning was variable in demonstrating SMART actions that would contribute to continuous improvement. The SoMs need to devise a good supervision operational plan to support them to evidence achievements and progress. However progress to date provides a good foundation for the coming year that can be developed into a focused action plan from the issues identified from the LSA audit visit.

3.6 Details underpinning the recommendations are outlined in section 4 under LSA commentary and recommendations in the audit tool. Cardiff and Vale SoMs have eight standards where further development would be beneficial. The LSA MOs will work with their teams to support the preparation of an operational plan for the coming year that will address the development of these standards and meet the team competency requirements.

4 Cardiff and Vale Health Board Self Assessment Audit Tool

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V1	**Midwives' views and experiences of statutory supervision are sought.**	Cardiff and Vale SoMs have recently undertaken a questionnaire with 30% response rate.		
	Measures	**Strong**	**Moderate**	**Weak**
V1	**Results:** **LSA – MET in line with strong to moderate evidence. Recommendations made for continual development.**	**An audit of more than 20% of midwives' views.** **20 midwives + describe supervision as visible and positive.** **95 to 100% SoMs have obtained 10 reviews which reflect an overall positive outlook for supervision.**	**At least 10% of midwives' views.** **10 midwives + describe supervision as visible and positive.** **90 – 95% SoMs have obtained 10 reviews which reflect supervision in a mainly positive light.**	**0 audits.** **Less than 10 describe supervision as visible and positive or describe it as negative.** **Less than 90% SoMs have obtained 10 reviews and/or supervision is seen in a negative light.**

LSA commentary

The SoM team used the same questionnaire introduced in 2011-12 with an increased response rate of 13% to 24% with 72 out 295 midwives returning a questionnaire. A presentation on the audit of midwives views was provided as part of the audit evidence and reported on process and outcomes.

Comments within the questionnaire suggested:

- More informal opportunities for staff to have contact with supervisors.
- To continue to increase the visibility of supervision within the unit.
- To increase the use of the dedicated supervision room for annual reviews

During the presentation of evidence, the SoM team shared a midwives story of her experience of supervision. The midwife described how she had proactively approached her SoM to devise a supportive plan to address specific midwifery practice issues. She felt "fully supported by her SoM and would recommend midwives to look at their practice and identify areas where they need more support and approach their supervisor to support putting a plan in place".

The LSA review team met with a number of midwives and student midwives during the audit visit and overall supervision was described as positive and increasingly visible

Recommendations to support continued development

The C&V SoM team should devise a detailed action plan from the audit report. The report with the action plan should be shared with midwives and relevant organisational committees as feedback from audit process.

The C&V SoM team have identified in the questionnaire report to review the audit approach to explore how to increase the response rate and develop the questionnaire to be more user friendly

C&V SoMs should also consider a range of feedback methods to seek further midwives suggestions and comments views in regards to statutory supervision.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V2	**Confidential supervisory activities are undertaken in a room that ensures privacy.**	All Cardiff and Vale SoMs now have access to a private room in the directorate offices. The room can be booked 0800-1800 and there are other private rooms available after 1800 in the main unit. IT access enables access to LSA database during SoM activities.		
	Measures	Strong	Moderate	Weak
V2 **Results:** **This standards was not due to be assessed, however recommendations from 2011-12 were reviewed.**		**LSAMO shown a dedicated room where supervisory interviews take place.** **There is internet access in the dedicated room to work online and access the LSA database.** **20 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.**	**In the main there is a dedicated room or LSAMO can be shown where rooms are made available.** **There is no regular access to internet.** **10 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.**	**No rooms can be identified or it appears ad hoc.** **No internet access.** **Less than 10 midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.**

LSA commentary

This standard was not included in the current audit, however in light of concerns raised in last years audit the evidence was considered. The evidence verifies that the SoM team now have a dedicated room; however in the recent questionnaire, 92% of midwives viewed their annual review as private and facilitated in a private room.

Recommendations to support continued development

The SoM team have identified that the dedicated room implemented in 2012-13 must be used to ensure full compliance with this standard criteria.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V3	**SoMs participate in developing policies and evidence-based guidelines for clinical practice.**	Guidelines and policies are written and reviewed by SoMs. SoMs also attend standards and guideline group. All guidelines and policy changes are circulated to SoMs for comment as part of the ratification process		
	Measures	**Strong**	**Moderate**	**Weak**
V3 **Results:** **LSA - MET in line with moderate / strong evidence.** **Recommendations made for development.**		**A clear process that sets out how SoMs are involved in the guideline development group.** **Actual guidelines with SoMs named on the guideline as a developer.**	**There is some evidence that SoMs are involved in guideline development even if this is not a formal process.** **Actual guidelines with SoMs named as having been consulted.**	**There is no evidence that makes reference to SoMs developing or signing off guidelines.**

LSA commentary

There is a clear process for guideline development within the Women's directorate. The membership of the group includes many individuals who also have the responsibility as a SoM. The guideline development group clearly sets out the group's function, how often it will meet and how minutes will be circulated following meetings.

Whilst the audit evidence file contained many midwifery guidelines, these were labelled with a Senior Midwife as the lead officer so it was less evident where SoMs have responsibility as author of specific guidelines.

Supervisors are consulted in regards to any draft policies or guidelines for review and SoMs are part of the policy and guidelines group.

Recommendations to support continued development

SoMs do need to make sure when they are taking part in any clinical governance activity/group they are clear in what role they are present and are not always seen as being representative of management only, as supervision brings a different perspective.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V4	**All midwives have access to documentation of local guidelines and policies in electronic or hard copy.**	All midwifery and obstetric guidelines and policies available on the Cardiff and Vale clinical portal Hard copies are included where required into the notes New guidelines are discussed as part of the safety briefing, especially if it affects their clinical area. Changes are also highlighted in the monthly newsletter.		
	Measures	**Strong**	**Moderate**	**Weak**
V4. **Results:** **LSA – MET in line with strong evidence.** **No recommendations made for development.**		**A clear process that shows SoMs lead on communication with midwives when new guidelines are developed.** **There is a clear process for SoMs to disseminate guidelines and make sure midwives are aware/signed up to.**	**SoMs may not lead on communication but are clearly involved in a process of communication with midwives when new guidelines are developed.** **SoMs may not do the dissemination but they can show some involvement in midwives sign up/awareness.**	**There is no evidence that SoMs play any part in communicating new guidelines to midwives or ensure they are aware/sign up to.**

LSA commentary

During the audit visit midwives verified that they have access to local guidelines and policies through the clinical portal and this was evident during the review of the clinical environment.

Midwives described safety briefing as a valuable mechanism of communication in regards to ensuring midwives are aware of guideline changes/updates.

The SoM team are supporting the implementation of a read receipt email system to follow up any midwives who are not accessing emails for means of communication

Recommendations to support continued development

No recommendations made.

Nos	Criteria for Measurement	Evidence Presented by LHB	LHB planned Improvement Action
V5	**Midwives are provided with and attend skills and drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations.**	Annual mandatory training programme is provided with regular emergency drills within the unit in compliance with Welsh Risk Pool standards. Records of attendance held centrally. Cardiff and Vale SoMs actively support the attendance of midwives at skills and drills workshops.	

Measures	Strong	Moderate	Weak
V5 **Results:** **LSA – This standard was not assessed and no recommendations were made from 11-12 audit.**	**There is a training record that demonstrates that there is a year on year programme covering all major skills and drills as in CEMACH.** **There is a clear record that year on year 95 – 100% midwives have attended skills and drills and been tested successfully.** **20 + midwives can describe the skills and drills process, when they last attended and how they were tested.**	**There is some evidence to support a record of training but it is not up to date or showing continuous improvement of attendance.** **There is a clear record that year on year 90 – 95% midwives have attended skills and drills and been tested successfully.** **10+ midwives can describe the skills and drills process, when they last attended and how they were tested.**	**There is no training plan to support attendance or improvement in numbers attending.** **Less than 90% of midwives have attended mandatory skills and drills in the last year and in previous years.** **Less than 10 midwives can describe the skills and drills process, when they last attended and how they were tested.**

LSA commentary

SoMs provided evidence that all Midwives (including community midwives) attend an Obstetric Emergency Day on an annual basis. Skills and Drills also take place six weekly in the main unit. High risk “real time” emergencies are also written up Midwife Practitioners

SoM funding was used to develop a clinical skills room on the delivery suite with IT access to the CTG training package.

13-14 training plan will be a 5 day programme which SoMs are hoping to feature a specific slot to raise the profile of supervision

Recommendations to support continued development

This standard was not assessed and no recommendation were made for 11-12 audit.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V6 & V7	**SoMs retain records of Supervisory activities for 7 years.** ***Rule 12.*** **Supervisory records are stored in such a way as to maintain confidentiality.** ***Rule 12.***	Individual Supervisors are responsible to ensure their records are stored in locked arrangements. A central storage is now available within the dedicated SoM room Supervisory activities are shared on the organisations "S drive" which only SoMs can access the relevant files. SoMs are using the LSA database to upload supervisory records and documents		
	Measures	**Strong**	**Moderate**	**Weak**
V6 & V7 **Results** **LSA - This standards was not due to be assessed, however recommendations from 11-12 were reviewed.**		**There is a clearly marked and dedicated area for the storage of supervisory records that are not part of any other HR files.** **It can be demonstrated that these records do back at least 7 years.** **SoMs can describe the process they would undertake if they had difficulty storing records locally.**	**There is an area where supervisory records are stored but it tends to be along with other HR files albeit they are still separate and not accessible to others.** **Cannot show that records go back for 7 years.** **SoMs can describe some part of what they would do if they had difficulty storing records locally.**	**There is no dedicated area and supervisory files are mixed with management/HR files which are accessible to others.** **There is limited or no backlog of records.** **SoMs are unable to describe adequately what they would do if they had difficulty storing records locally.**

LSA commentary

This standard was not reviewed during the audit visit. However SoMs reported that the dedicated room has now addressed the concerns raised in regards to records storage in the 11-12 audit

Recommendations to support continued development

No recommendations made as this standard is now met with strong evidence

Nos	Criteria for Measurement	Evidence Presented by LHB	LHB planned Improvement Action
V8	**Support is provided for SoMs in their administrative tasks in line with LSA funding.**	Administrative role has been in post since October 12.	

	Measures	Strong	Moderate	Weak
V8 **Results** **This standard was not due to be assessed, however recommendations from 11-12 were reviewed.**		**There is a dedicated administrator who can clearly demonstrate her role in supporting SoMs both from records and in verbal communication.**	**There is some dedicated time for supervisory administration but the individual post holder is less able to show her records of activity or to articulate that well.**	**There is no real dedicated time for administrative support which is evident on review of records and in conversation.**

LSA commentary

A recommendation was made from 2011-12 for SoM team to review the previous arrangement for administrative support and during 2012-13 there has been a specific post holder allocated 18.5 hours to undertake the administrative tasks.

There was evidence of the value that this role offers to support the SoM team with the following activities;

- Supporting monthly SoM meetings with agenda and minutes
- Supporting the development and re-designing SoM display posters. .
- Supporting hosting the LSA audit visit.
- Booking conferences and Oracle arrangements.
- Communication link with LSA team support
- Supporting SoMs with actions from quarterly scorecard monitoring such as ensuring all Annual Reviews are entered onto the LSA database and following up outstanding reviews

It was evident that administrative support was available equitably to all C&V SoMs.

Recommendations to support continued development

No recommendations made as this standard is now met with strong evidence

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V9	**Regular meetings of SoMs are convened to share information and proceedings are recorded.**	C&V SoMs are now meeting monthly rather than 6 weekly. Agenda and meetings are provided as a record of the meeting. Meetings are held on different days of the week to increase attendance. All SoMs are supported with 8 hours protected time per month for SoM activities including attending SoM meetings		
	Measures	**Strong**	**Moderate**	**Weak**
V9 **Results** **This standard was not assessed and there were no recommendations from 11-12 audit.**		**There are clear records of meetings with ToR and a plan of activity/agenda setting.** **Attendees are clearly recorded and there is 70 – 75% attendance at all meetings.** **There is a clear process for dissemination of minutes and assigning actions to SoMs.** **100% of SoMs interviewed could describe all of the above.**	**There are records of meetings but there is no clear process for setting the agenda or ToR for the group.** **Attendees are recorded and there is a 50 – 70% attendance at all meetings.** **There is a process for distributing minutes but how and by whom actions are to be achieved is less clear.** **75% of SoMs interviewed could describe all of the above.**	**There is no auditable trail of minutes, no ToR or clear plan for agenda setting.** **Regularly seems to be less then 50% attendance at all meetings.** **There is no process for distributing minutes or assigning actions to SoMs.** **Less than 50% of SoMs interviewed could describe all of the above.**
LSA commentary The meetings are built on direction from the LSA and the agenda is set prior to each meeting by the chair.				
Recommendations to support continued development This standard was not assessed and there were no recommendation from 11-12 audit.				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V10	**Effective mechanisms are in place to ensure that every SOM receives information disseminated by statutory bodies.**	All information from HIW, NMC, LSA, NICE, NPSA etc are forwarded by as bulk e-mail to all SoMs and / or HoM as needed.		
	Measures	**Strong**	**Moderate**	**Weak**
V10 **Results** **This standard was not assessed**		**There is a clear process that can be demonstrated to support how every SoM receives information from statutory bodies i.e. NMC, NICE, LSA, NPSA.** **100% of SoMs interviewed could describe the process.**	**There is some process but it cannot be clearly evidenced to support how all SOMs receive the information.** **75% of SoMs interviewed could describe the process.**	**There is no clear process and information sharing appears ad hoc and haphazard.** **Less than 50% of SoMs interviewed could describe the process.**
LSA commentary All SoMs can access emails with the provision of IT access across the organisation. LSA newsletter is widely shared with midwives and displayed across the maternity service.				
Recommendations to support continued development No recommendation				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V11	**Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies.**	Six SoMs have been identified to attend relevant Clinical Governance meetings. There is a rotation arrangement to ensure a SoM presence at Quality and Safety, Clinical Risk, Professional meetings, transforming care / 1000 lives and recognised the different perspective that SoMs bring to the relevant clinical governance meetings. Cardiff and Vale SoMs have specific areas to lead on for clinical governance process and risk management action plans.		
Measures		Strong	Moderate	Weak
V11 **Results** **LSA –met with moderate evidence with recommendations to support continued development.**		**There is a clear written policy within the clinical governance department that takes account of the interface between CG/SoM teams.** **There are regular minutes of meetings where SoMs are present in their supervisory capacity and demonstrate their input to the clinical governance agenda.**	**There is no written policy but CG managers are able to describe what SoMs do and how they currently contribute to the CG agenda.** **There have been at least 2 occasions in the previous year where a SoM has been present at or contributed to the appropriate CG committee.**	**There is no clear evidence that the CG team recognise SoM and they cannot articulate clearly where the interface would be.** **There is no evidence that a SoM attends any CG committee in her own right even if she is there with 2 hats.**

LSA commentary

Since 2011-12 LSA audit, the SoM team have recognised the need to strengthen their visibility as being present at clinical governance meetings in the capacity of a SoM. The rotation arrangement now in place to ensure that the different perspective that SoMs bring has strengthened the clear interface between clinical governance and the SoM role.

During the audit visit, SoMs were able to describe how they contribute to the clinical governance agenda in regards to midwifery practice or SoM issues.

The Head of corporate risk and governance attended the LSA audit visit and was able to describe the link between supervision and risk management in enhancing public protection. There was evidence of lesson learning from maternity incidents shared across other disciplines and vice versa as well as joint working on investigations.

The governance midwife and corporate risk manager explained that written terms of reference take account of the interface between supervision and clinical governance which will be finalised once organisational changes have been agreed

Recommendations to support continued development

To agree a written framework once organisational changes have been agreed which sets out the active participation of SoMs in improving quality, governance and safety for women and their babies in their role as SoM regardless of their substantive role at other times.
To embed joint investigation practices between management, risk and supervision as the norm rather than an exception.

Nos	Criteria for Measurement	Evidence Presented by LHB	LHB planned Improvement Action
V12	**An interface between supervision & risk management is evident in the investigation of critical incidents.**	SoMs join weekly incident reviews to consider initial incident notification SoMs join RCA meetings and take the lead on relevant actions SoMs report actions from RCA to monthly SoM meetings	

Measures	Strong	Moderate	Weak
V12 **Results** **LSA –met with moderate evidence with recommendations to support continued development.**	**There are clear TOR for the review of SIs that includes the need for SoMs to be involved.** **Where SI's RCA outcomes are reviewed on a MDT basis there is clear evidence that a SoM has been involved as part of the team in her capacity as a SoM in order to take back lesson learning.**	**There are no written TOR for SoMs to be part of the SI review meetings but CG personnel and SoMs can describe that this happens.** **There is some evidence SoMs and the CG team collaborate in an SI review and particularly where there are lessons for midwifery practice to be learnt.**	**There is no recognition that SoMs need to be part of the SI review process.** **There is no evidence that SoMs are included in SI review meetings and there is no process for them to share lessons with the midwifery team.**

LSA commentary

During the audit visit, clinical governance midwife and corporate risk manager described the increase of SoMs input into clinical governance at divisional level. The corporate risk manager highlighted the value of SoMs attend RCA meetings as an advocate for women. It was highlighted that SoMs play an active role in supporting midwives, debriefing and providing feedback.

As in standard V11, it was positive that LHB corporate risk team and SoMs are working on strengthening the interface to ensure outcomes are compatible. This joint working between management and supervision is a developing concept and from working with SoMs over the past year it is evident that the practice is still not well embedded as an automatic process which needs to be developed further.

Recommendations to support continued development

SoMs need to devise clear terms of reference with the corporate risk management team and how supervision can link with or contribute to a joint process to minimise duplication and improve outcomes for those who are subject to investigation. Equally SoMs need to be recognised by the risk management team as having a degree of expertise to bring to the RCA process. It is recommended that the SoM work plan includes an objective that will strengthen closer working with risk management which can then be evidenced at the end of the next annual audit review.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V13	**Outcomes of investigations of critical incidents are disseminated to inform practice.**	All midwives involved in critical incidents are encourage to attend RCA Individual feedback to staff is provided via the RCA process and highlighted outcomes are discussed at SoM meeting Lessons learnt are displayed in the clinical area via Newsletter and SoMs provide a monthly Safety Briefing.		
	Measures	**Strong**	**Moderate**	**Weak**
V13 **Results** **LSA –met with moderate evidence with recommendations for continual development.**		**There is a clear process and actual means of sharing outcomes of SIs with midwives in practice.** **There are examples of practice change that can be shared to demonstrate that this process works.** **There is evidence that any practice change resulting from outcomes of an SI has been audited to ensure it has made an improvement.** **20 + Midwives at ward level can describe the process and a recent practice change.**	**There is some evidence of a means to share outcomes of SIs i.e. newsletter but this is not well embedded.** **There is anecdotal evidence of practice change but there has been no formal process to introduce it.** **There is evidence of practice change but it has not been audited for success.** **10 + midwives at ward level can describe the process and a recent practice change.**	**There is no formal or informal process to share outcomes of Sis.** **There are no outcomes that can demonstrate practice change as a result of an SI.** **There is no evidence of audit of practice change.** **Less than 10 midwives can describe anything like a process for sharing outcomes of SI and how these influence practice change.**

LSA commentary During the audit visit it was apparent that there is a process for sharing outcomes of SIs with the relevant midwives. Midwives who participated in the audit visit welcomed feedback on lessons learnt from an incident and felt this encouraged a proactive stance rather than leading to a defensive practitioner. A regular newsletter enables any changes from SI outcomes and lessons learnt to be shared. Midwives interviewed were able to make reference to this means of lesson sharing when asked by the LSA review team. The lesson learning from CTG interpretation was visible on the labour ward which was an example of practice change resulting from previous incidents.
Recommendations to support continued development As V11, to agree a written framework once organisational changes have been agreed which sets out the process for lesson learning and provide further examples of changes in practice as a result of SoM involvement of SI process

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V14	**Audit of record keeping of each midwife's records takes place annually. *Rule 9.***	Cardiff and Vale SoMs use a standard recordkeeping audit tool as part of the annual review process and additional peer audit of records. An audit report is compiled to identify the lessons to be learnt from record keeping audits.		
	Measures	**Strong**	**Moderate**	**Weak**
V14 **Results** **LSA - MET in line with strong / moderate evidence. Recommendations made to support continued development.**		**There is a clear written process to identify what records audit processes will take place, how often this will be done, who will be involved and how the outcomes for improvement will be shared with all midwives.** **There are examples of record audit tools to demonstrate how the audits are conducted.** **There are examples of year on year audits that have been done and what lessons were learnt from each one.** **There are regular examples of how lessons learnt from audits are shared with all midwives.** **There is evidence of auditing and improvement between a review.** **20 + midwives can describe each of the steps above and can talk about practice change as a result.**	**There is no written process on records audit but there is evidence that these take place at regular intervals, in different formats, by different people/teams and the lessons learnt are shared frequently.** **There is at least one audit tool to demonstrate how an audit will be conducted.** **There are some examples of previous audits but they are not systematic.** **There are some examples of lessons learnt being shared but this is not consistent.** **There is evidence of re auditing but continuous improvement is less evident.** **10 + midwives can describe most of the steps above and talk about how this has influenced practice.**	**There is no process in place nor is it clear how often, by whom and by what means auditing takes place.** **There are no recognised audit tools to demonstrate how robust audits will be or have been undertaken.** **There are only ad hoc examples of record audits available to evidence.** **There are ad hoc examples of sharing lessons learnt.** **There is limited or no evidence of re auditing or any improvement shown.** **Less than 10 midwives can describe any of the steps above or can talk about how record audits influence practice change.**

LSA commentary

Cardiff and Vale SoMs demonstrated the recordkeeping audit process through the audit tool and audit reports which showed where there had been lessons to learn within standards of record keeping. During the audit visit SoMs and midwives were able to describe the changes made as a result of the recordkeeping audits.

C&V SoMs are looking at a tool that will consider the themes and trends for learning the lessons from recordkeeping audits

C&V LHB are also planning recordkeeping training with Welsh Health Legal team for 2013-14

Recommendations to support continued development

The SoM team need to continue with an audit plan for HB wide that covers frequency, process and type of audit, how trends and themes will be identified and lessons learnt will be fed back and then re audited. This evidence should be presented in a composite report to show how practice change has been influenced year on year.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V15	**Information pertinent to the statutory supervision of midwives is publicised through e.g. Newsletters, bulletins, web-sites, e-mails, voice mail and reports by LSA, Employers and SoM.**	Supervision Notice Boards are visible in all maternity areas. The display boards have recently been updated with a number of up to date, informative posters. The display boards include the NMC leaflet An executive summary of the Annual Supervisory Report was prepared in SBAR format and shared with Executive Board.		
	Measures	**Strong**	**Moderate**	**Weak**
V15 **Result: - This standard was not assessed and the recommendation from 11-12 audit still applies.**		**There is noticeable evidence that SoM is publicised in all places that women and families visit.**	**There is some noticeable evidence of SoM but it is not consistent in all areas where women and families are seen.**	**SoM are not noticeable in any area for members of the public to see**
		The NMC leaflet on SoM is available along with other written documentation to direct women to a SoM and informing them why they may wish to access a SoM.	**The NMC leaflet is available but there is no additional information produced locally nor is it clear to women why they may wish to access a SoM.**	**There are not leaflets either NMC or local available for women.**
		The HB website has information on the role of the SoM and how to make contact with her.	**There is reference to SoM on the website but no further detail.**	**SoM is not referred to on the HB website.**
		There is evidence that the annual report is shared with user forums such as MSLC and across the organisation up to Board level.	**The annual report has been shared with the Board but limited evidence that is has been shared more widely.**	**The annual report has only been shared with the Board if at all.**
		20+ midwives are aware of the LSA newsletter being shared with midwives and can describe how useful/relevant it was to them in their practice.	**10+ midwives are aware of the LSA newsletter and can describe how useful/relevant it was to them in their practice.**	**Less than 10 midwives are aware of the LSA newsletter and can describe how useful/relevant it was to them in their practice.**

LSA commentary

C&V SoMs and student SoMs have made significant progress to demonstrate supervision as strong leaders with a commitment to ensure that the work of supervision is visible to the organisation, midwives and users of maternity services. Since 11-12 visit, the display Boards have been updated with up to date information for supervision and these are visible in all areas with information on supervision and why you may contact a SoM. The LHB clinical portal has an excellent profile for statutory supervision with a specific page to show case the work of local SoMs

The LSA annual report and the LHB annual report had been shared with the MSLC and at Board level through a briefing paper prepared by the Head of Midwifery and presented by the Director of Nursing.

There was evidence of the wider distribution of the LSA newsletter which raises the profile of supervision, supports midwives in keeping up to date with publications and news from NMC.

SoMs are contributing to updating the website to ensure the information in regards to supervision is user friendly

Recommendations to support continued development

This standard was not assessed and recommendation from 11-12 audit still applies.

Nos	Criteria for Measurement	Evidence Presented by LHB	LHB planned Improvement Action
V16	**SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety.**	Daily equipment checks carried out in all the acute areas. An inventory of checking is available. Limited information was available in regards to checking of community equipment with each individual midwife at their attendance to annual midwifery update.	

Measures	Strong	Moderate	Weak
V16 **Results** **LSA –met with moderate evidence with recommendations for continual development.**	**There is a clear policy on how SoMs are involved in devising processes for checking equipment at ward level and for community midwives.** **There is evidence of frequent year on year checking of equipment both for availability and safe maintenance.** **There is evidence that SoMs are involved in devising and monitoring CTG training, scoring and regular good practice.**	**There is no clear policy on how SoMs are involved in processes for checking equipment at ward or community level but SoMs can describe how this happens.** **There is some evidence that SoMs do check equipment both for availability and safe maintenance but this is not consistent.** **There is some evidence of SoM involvement in monitoring CTG training, scoring and regular good practice but it is not consistent.**	**There is no process and SoMs are not able to articulate how this is done or the frequency at which it happens.** **There is limited or no evidence to support that SoMs do check equipment at ward or community level.** **There is limited or no evidence that SoMs are involved in monitoring CTG training, scoring or regular good practice.**

LSA commentary

During the visit it was verified that equipment checking and maintenance checks by appropriate personnel for hospital equipment such as resuscitaires takes place. The safety briefings were evidence that the clinical areas undertook regular checking of trolleys and other equipment as needed. This was not solely the responsibility of the SoMs although they could describe what happens and when.

There was strong evidence that SoMs are closely involved with the training, assessing of competence and sharing of good practice and lessons learnt in relation to CTG use albeit attendance at CTG updates and completion of K2 still needs to be improved. There is a visual display within the delivery suite promoting the NICE guidance for CTG interpretation.

The SoMs recognised that there was a recommendation in 2011-12 audit visit that a framework needed to be developed for checking community equipment. The Lead for

Community has devised a framework but implementation was not planned until May 13.
Recommendations to support continued development It was highlighted in the feedback session at the end of the audit visit that SoM teams must be assured that there is a robust and consistent process for checking equipment in the community and follow up actions are monitored as this had been a recommendation from 11-12 audit.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
Nos	Criteria for Measurement	Evidence Seen Result: **Strong**		Improvement action required
V17	**SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services.**	Standing agenda item for SoM meeting to raise any issues that SoMs are aware of. No concerns have been raised in regards to inadequate resources during 12-13. However SoMs recognise they need to be proactive in ensuring they are considering full information in regards to birth rate plus and workforce planning to be assured that adequate resources are in place. Individual SoMs can meet with HoM or midwifery managers to discuss concerns.		
	Measures	Strong	Moderate	Weak
V17 **Results** **LSA - MET in line with moderate evidence.** **Recommendations made for continual development.**		**Minutes of SoM meetings demonstrate discussion in relation to staffing issues or other patient safety risks.** **There is evidence of action plans that SoMs have devised to support midwives in maintaining safe practice and outcomes are clear as a result.** **There is written evidence that SoMs have raised their concerns with the HoM when either their own workload is compromising their ability to protect the public or there are such concerns relating to service delivery and there are clear outcomes as a result.**	**Minutes of meetings shown some discussion regarding safe staffing levels etc. but it is less clear what action will be taken as a result.** **There is evidence of action planning but these are not robust and outcomes are not well defined.** **There is some evidence that SoMs have raised concerns with HoMs and others but there has been no follow up or practice change as a result.**	**There is no evidence that such matters are discussed by SoMs in their meetings.**

LSA commentary

There are regular team meetings where the agenda is more focused on the functions of public protection and the SoMs role in challenging managers to address concerns. There has been some evidence of SIs and their subsequent action plans being reviewed at SoM team meetings which aims to strengthen the action planning and assurance that management are addressing areas of concern.

The LSA MO and the Contact SoM meet with the Head of Midwifery where staffing and other safety matters are discussed, which has included a recent discussion where the organisation is below birth rate plus recommendations. Any unresolved issues are escalated to the Director of Nursing on a case by case basis, through the six monthly review meetings or ad hoc if required. There were some good examples of care planning developed by SoMs in partnership with midwives to support care planning for women who make less favourable birth choices.

Recommendations to support continued development

The SoMs need to make sure there is equitable representation at all SoM meetings and that the agenda is appropriately set to ensure a strong focus on monitoring management issues resulting from serious incidents and supervisory investigations and assurance that workforce planning action plans are in place to achieve birth rate plus compliance. SoMs need to continue their visibility at other corporate committees where they have opportunity to raise concerns relating to maternity provision if it is considered such concerns have implications for the safety of mothers or babies.

The operational plan for supervision in 2013/14 needs to be devised with SMART actions to ensure there is a lead person with a timeline for completion and regular progress updates are made.

5. Conclusion

5.1 The LSA in Wales recognised the need to revise and streamline the SoM audit process to ensure it was both fit for purpose and would add to existing assurance mechanisms in enhancing public protection. However the LSA was also minded to reduce duplication of effort for SoMs by devising a more seamless process to ensure outcomes and recommendations would be relevant and inform the way forward in subsequent planning cycles. This is an dynamic process and the LSA MOs will work with SoMs and Heads of Midwifery to further refine the annual audit in order that is supports internal governance as much as informing the LSA and NMC.

5.2 The supervisors in Cardiff and Vale Health Board are to be commended on their work to date and the contribution individuals and the team as a whole makes to enhancing public protection. The LSA is grateful to all staff who contributed to the audit visit and the compilation of evidence as well as to the LHB for its hospitality.

5.3 The LSA in Wales looks forward to working with all SoMs to continue improving the visibility of the supervisory function at every level of the Health Board, to supporting the Future Proofing of Supervision that will demonstrate to the Board that supervision really does add value to midwifery services and ultimately the role of the supervisor enhances public protection through pro actively supporting a safe midwifery workforce.

amddiffyn y cyhoedd trwy oruchwyliaeth statudol o fydwragedd

protecting the public through statutory supervision of midwives

Healthcare Inspectorate Wales

Arolygiaeth Gofal Iechyd Cymru

Appendix A

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

Date: **Wednesday 20 March 2013**
Location: **Large Meeting room, Directorate University Hospital of Wales, Cardiff & Vale University Health Board**

No.	Time	Activity	
1	09.00	Arrival & Coffee	
2	09.15	Introduction from the LSA review team LSA MO presentation to set out the purpose of the revised audit of supervision and the future direction of supervision set out by the NMC To be invited – Director of Nursing Head of Midwifery Clinical Director Contact SoM Local SoMs Corporate Risk Manager Administrative support for supervisor of midwives	
3	09.30	20 minute overview presentation from local SoMs to include; 1. Summary of local annual report and operational plan 2012-2013 2. Examples of Good Practice 3. Examples of local profile of supervision 4. Key information for the local annual report for 2012-2013 5. Direction of travel for local SoM team with suggested operational plan for 2013-2014	
4	10.00	LSA review team to meet with Corporate Risk Manager (Team 1)	LSA review team to meet with PPI leads, MSLC Chair and review examples of SoMs user engagement (Team 2)
5	10.30	LSA review team to meet with Clinical Director (Team 1)	LSA review team to meet with student midwives, practice educators, midwife mentors (Team 2)
6	11.15	LSA review team to meeting with local SoMs to review evidence for audit standards V1, V3, V4, V11, V12, V13, V14, V16, and V17.	
7	13:00	Lunch	
8	13:30	LSA Review team to verify evidence within the clinical environment	
9	15.00	LSA Review team to summarise findings and draft information for report	
10	16.00 to 16.15	Feedback to HoM and others, overview of day and next steps	

Appendix B

List of Participants in the Annual LSA Audit process

Director of Nursing – Ruth Walker - telephone contact prior to audit visit

Head of Midwifery and SoM – Mary Coakley

Head of Corporate Risk Manager and Governance – Melanie Westlake

Governance Midwife and SoM – Anne Morgans

Divisional Nurse for Children and Women's Division – Berni Steer

Contact SoM – Karen Hone

SoM – Abi Holmes

SoM – Karen Moseley

SoM – Sue Jose

SoM – Elizabeth Stephenson

SoM – Diane Taylor

SoM – Sarah Spencer

SoM – Libby Barraz

SoM – Karen Moseley

SoM – Lindsey Hilldrup

Student SoM- Martine Lloyd

SoM Administrative support – Kathryn Byrne

Link for Education – Jane Gray / Libby Barraz

Student Midwives – Year 1 cohort

MSLC Chair – Leah Morantz

Midwives from across Delivery suite, Antenatal and Postnatal wards, Triage, Midwife Led unit