



Local Supervising Authority (LSA) Annual Report to the Nursing and Midwifery Council

1 April 2012 – 31 March 2013

2012-
2013

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Foreword

Having a baby is an event of great emotional significance and one which should be a positive experience for mothers and their families. Midwives across Wales play a fundamental role in ensuring a positive experience by providing safe and high quality midwifery care. In turn the Local Supervising Authority (LSA) for Wales supports midwives by ensuring that they have access to and receive appropriate levels of statutory supervision.

What has become more and more apparent during the two years that I have headed up the LSA in Wales is that the way in which supervision is provided across Wales must evolve and change if the requirements set by the Nursing and Midwifery Council are to be properly met in the years to come, and most importantly midwives properly supported. Increasing midwifery numbers, a reduction in those applying to become supervisors and a growing number of senior midwives resigning from the Supervisor of Midwives role means that the current model of supervision is unsustainable. During the past twelve months together with the two LSA Midwifery Officers I have been working with Nurse Executives and Heads of Midwifery from across Wales to develop a new model that will be fit for purpose and stand the test of changing demands and pressures. The road ahead is an exciting one for supervision in Wales and the rest of the UK will be looking to the outcomes of our work as there is a general view that change is needed.

While as in previous years this annual report provides an account of how the LSA ensured that appropriate and timely supervision was delivered to midwives across Wales during 2012-13 it also provides an insight into the changes Wales is planning with its stakeholders. I would like to take this opportunity to thank all those who continue to contribute to the work of the LSA, not least those who have during the last 12-months given of their precious time and worked with us on the plans for *'future proofing'* supervision in order that it is fit for the 21st Century.

HIW relies on supervisors of midwives (SoMs) and heads of midwifery services (HoMs) across Wales to aid us in delivering against our LSA responsibilities and I would like to thank them personally for the contribution they have made. I would also like to thank those services users and members of the public who took the time to share with us their views and experiences of statutory supervision within Wales, their feedback is invaluable to our quest to improve supervision across Wales.

Mandy Collins

Head of LSA in Wales

Chapter 1: Introduction and Background

1.1 To ensure safe and effective midwifery practice, the Nursing Midwifery Council (NMC) is required by the Nursing and Midwifery Order 2001¹ to maintain a register of qualified midwives and establish rules and standards of proficiency.

1.2 The Nursing and Midwifery Order 2001 also sets out a statutory requirement that all midwives be subject to supervision. The fundamental purpose of supervision is to protect women and babies by actively promoting and supporting safe standards of midwifery practice.

1.3 Healthcare Inspectorate Wales (HIW), on behalf of Welsh Ministers, fulfils the function of the Local Supervising Authority (LSA) for Wales. It is therefore responsible for ensuring that statutory supervision of all midwives, as required in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council (NMC) Midwives Rules and Standards (2004, and revised Rules and Standards December 2012²), is exercised to a satisfactory standard across Wales.

Our role as the LSA for Wales and how we fulfil it

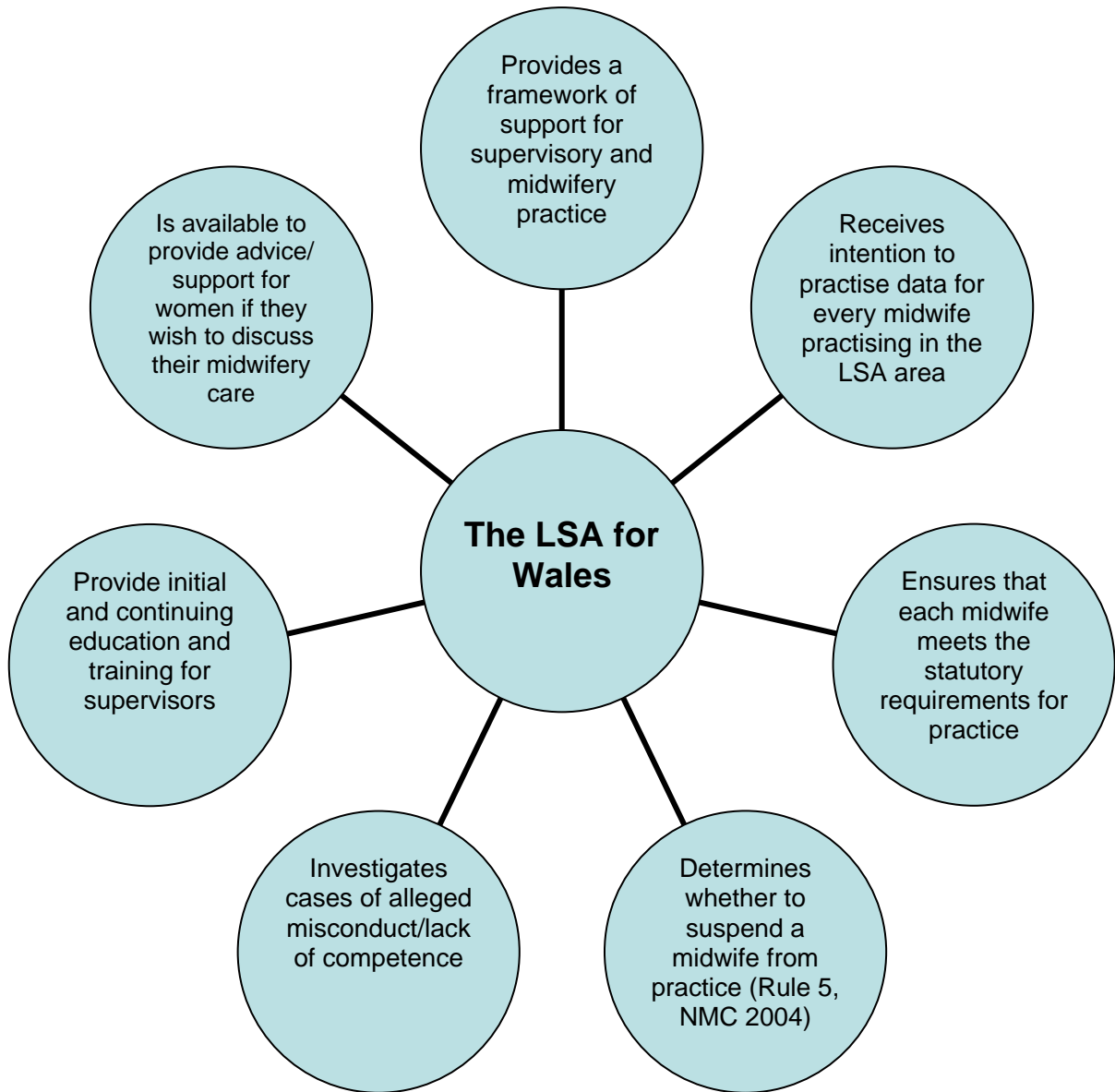
1.4 As the LSA for Wales HIW has a responsibility to:

- Be available to women if they wish to discuss any aspect of their midwifery care that they consider to not have been addressed through other channels.
- Provide a framework of support for supervisory and midwifery practice.
- Receive intention to practise data for every midwife practising in the LSA.
- Ensure that each midwife meets the statutory requirements for practice.
- Provide initial and continuing education and training for supervisors.
- Investigate cases of alleged misconduct or lack of competence.

¹ Nursing and Midwifery Order 2001 (the order).

² NMC Midwives Rules and Standards (31Dec 2012) as this report relates predominantly to pre-rule change reference will be limited to the 2004 rules.

- Determine whether to suspend a midwife from practice, in accordance with Rule 5³ of the Midwives Rules and Standards (NMC 2004).
- Lead the development of standards and audit of supervision.



³ Rule 5 of the NMC Midwives Rules and Standards (2004) relates to the suspension from practice by a local supervising authority.

LSA Midwifery Officers

1.5 To enable it to deliver against the above responsibilities HIW has appointed two Midwifery Officers (LSA MOs); whose responsibility it is, on behalf of HIW, to:

- Lead the development of standards and audit of supervision throughout the LSA.
- Appoint Supervisors of Midwives.
- Provide a formal link between midwives, their supervisors and the statutory bodies.
- Provide a framework for supporting the supervision of midwives and midwifery practice within its boundary.
- Participate in the development and facilitation of programmes of preparation and ongoing development of Supervisors of Midwives.
- Work in partnership with other agencies and promote partnership working with women and their families.

1.6 The LSA MOs represent the LSA for Wales at the United Kingdom (UK) LSA Midwifery Officers forum and at NMC/LSA MO Strategic Reference Group meetings; ensuring that Welsh issues and perspectives are fully considered. They also have a responsibility for maintaining good working relationships with the Welsh Government Nursing Officer responsible for maternity services, the Chief Nurse for Wales, the Professional Adviser at the Royal College of Midwives UK Board for Wales, the all-Wales Heads of Midwifery Advisory Group and the Lead Midwives for Education (LME) Group in Wales.

1.7 The LSA MOs have been allocated responsibility for overseeing the delivery of supervision across specific health boards and geographical areas of Wales, as set out overleaf:

LSA MO Julie Richards covers:

- Betsi Cadwaladr University (BCU) Health Board
- Powys Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Health Board

LSA MO Vinny Ness covers:

- Hywel Dda Health Board
- Abertawe Bro Morgannwg University(AMBU) Health Board
- Aneurin Bevan Health Board

Supervisors of Midwives (SoMs)

1.8 In order for midwives to retain their registration, they are required to have a named Supervisor of Midwives (SoM) with whom they should meet at least annually.

1.9 The LSA for Wales is responsible for appointing an adequate number of SoMs to ensure that all midwives practising in Wales have access to supervision. As of 31 March 2013, 121 SoMs were in post across Wales, setting the average all-Wales ratio of SoMs to midwives at 1:14. Further details relating to the appointment and retention of SoMs can be found in Chapter 2.

1.10 SoMs play a key role in protecting the public by ensuring safe, quality midwifery services. In its publication *Modern Supervision in Action*⁴ the NMC has set out the key responsibilities of SoMs as being:

⁴ Nursing and Midwifery Council (2008) *Modern Supervision in Action* – a practical guide for midwives.

Administrative

- Receive intention to practise forms and process the data to the LSA.
- Ensure that midwives have access to the statutory rules and guidance, and local policies to inform their practice.
- Report to the LSA serious cases involving professional conduct where NMC rules and codes have been contravened and when it is considered that local action has failed to achieve safe practice.
- Contribute to activities such as confidential enquiries, risk management strategies, clinical audit and clinical governance.

Interactive

- Provide guidance on maintenance of registration; identify opportunities for updating in relation to statutory requirements.
- Create an environment which supports the midwife's role and empowers practice through evidence based decision making.
- Monitor standards of midwifery practice through audit of records and assessment of clinical outcomes.
- Monitor local maternity services to ensure that appropriate care is available to all women and babies.
- Be available to offer guidance and support to women accessing maternity services.
- Investigate critical incidents and identify any action required, whilst seeking to achieve a positive learning experience for the midwives involved, liaising with the LSA as appropriate.

Developmental

- Be available for midwives to discuss issues relating to their practice and provide appropriate support.
- Ensure that every practising midwife has a named supervisor and that systems are in place for this to be changed by either party when appropriate.

- Arrange regular meetings with individual midwives, at least once a year, to help them to evaluate their practice and identify areas of development.
- Participate in the identification and preparation of new Supervisors of Midwives.
- Identify when peer supervisors are not undertaking the role to a satisfactory standard and take appropriate action.

1.11 SoMs across Wales take forward the above responsibilities on behalf of HIW in its role as the LSA for Wales and are accountable to HIW for all supervisory activities. SoMs in Wales are awarded an annual ex gratia payment of £1,000 in recognition of the additional responsibilities of the role and work to standards developed by LSA Midwifery Officers across the UK. These standards are aimed at delivering a proactive model of supervision for all midwives, who may work in a variety of settings and reflect the minimum standard of statutory supervision to be achieved. A copy of the LSA Standards for Supervision is available at www.lsamoforumuk.scot.nhs.uk

Annual report to the NMC

1.12 Each year HIW is required to provide a report to the NMC setting out how it fulfilled its functions as the LSA for Wales. Rule 16 Standard 3 (NMC 2004), of the Midwives Rules and Standards specifically states that the annual report should include, but not necessarily be limited to:

- Numbers of Supervisor of Midwives' appointments, resignations and removals.
- Details of how midwives are provided with continuous access to a supervisor of midwives.
- Details of how the practice of midwifery is supervised.
- Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officers with the annual audits.

- Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.
- Details of any new policies related to the supervision of midwives.
- Evidence of developing trends affecting midwifery practice in the local supervising authority.
- Details of the number of complaints regarding the discharge of the supervisory function.
- Reports on all local supervising authority investigations undertaken during the year.

1.13 To fulfil the requirements of Rule 16, Standard 2 this states that:

'Each local supervising authority will ensure their report is made available to the public.'

This annual report will be published on HIW's website www.hiw.org.uk In addition, electronic copies have been sent to Chief Executives and Executive Nurses of NHS organisations as well as officers of the Welsh Government, Heads of Midwifery services, Heads of Midwifery Education/LME and contact SoMs, Royal College of Midwives and Chairs of MSLC for distribution through their networks.

1.14 The LSA Annual Report is produced in English and Welsh, but is also available in alternative formats or languages on request. Hard copies of the LSA Annual Report and relevant documentation are available on request to both healthcare professionals and the public.

1.15 To meet the requirement of Rule 16 Standard 3, in Chapter 2 of this report we have set out how the LSA for Wales met the standards set by the NMC during 2012-13. For ease of reference the broad headings set out in paragraph 1.12 have been used as the framework for the remainder of this report. Information from the local annual reports submitted to the LSA by NHS organisations has been used to inform our findings and recommendations.

Chapter 2: The LSA for Wales fulfilled its role in 2012-13 by:

2.1 Employing suitably qualified and experienced LSA Midwifery Officers

2.1.1 The two appointed LSA Midwifery Officers (LSA MOs) have been in post since 2011. This followed the retirement of the two previous post-holders and the then Head of the LSA for Wales.

2.1.2 In line with the requirements set out in Rule 13, both appointees are practicing midwives and meet the standards of experience and education set by the NMC.

2.1.3 To further strengthen governance arrangements and to ensure that the LSA MOs work within the framework of HIW's performance management arrangements, the Deputy Chief Executive (CEO) of HIW was assigned the role of Head of the LSA for Wales in March 2011. She is responsible for the line management of both LSA MOs.

2.1.4 To further ensure that the LSA function is properly integrated into HIW governance and managerial processes both LSA MOs attend HIW's Senior Leadership Group meetings, which are held monthly. In the reporting year 2012–2013 the LSA in Wales worked to a robust operational plan and completed all planned actions in line with agreed timeframes. Where circumstances required a change to original timeframes these were negotiated and agreed with the Head of the LSA for Wales as part of monthly performance management discussions. A risk register was maintained alongside the operational plan which was also regularly modified and monitored at monthly performance meetings.

2.2 Appointing sufficient numbers of suitably qualified and experienced SoMs across Wales

2.2.1 Rule 11 of the Midwives Rules and Standards places a responsibility on the LSA to:

'appoint an adequate number of supervisors of midwives over practicing midwives in its area.'

As stated earlier in this report, as at 31 March 2013 121 SoMs were in post, with 1,748 midwives having notified the LSA of their intention to practise midwifery in Wales during 2012-13. Hence, the average all-Wales ratio of SoMs to midwives as at 31 March 2012 was 1:14, which is in line with guidelines set by the NMC which recommend a ratio of 1:15.

2.2.2 However, as can be seen from the figures set out in Table 1 the average ratio of SoMs to midwives during 2012-2013 varied across Health Board areas; with two of the seven health boards not consistently complying with guidelines. During 2012-23 the LSA continued to provide additional support to Betsi Cadwaladr University (BCU) Health Board where in year the ratio of SoMs to midwives fluctuated between 1:16 and 1:18. The Aneurin Bevan Health Board ratio also continued to fluctuate in year between 1:15 and 1:16. During the year both health boards had supervisor of midwives on a leave of absence and experienced unexpected de-selections from the SoM role. Supervisory support continued to be provided to BCU Health Board SoMs by a neighbouring Health Board. In addition, towards the latter part of the year BCU Health Board increased the number of hours available to its SoMs for supervision

2.2.3 During the year, the LSA worked with Heads of Midwifery and Nurse Executives to develop a long term plan aimed at meeting ongoing issues in relation to SoM capacity. This is discussed further in Chapter 5.

Table 1: Ratio of SoMs to midwives in each maternity services provider as at 31 March 2013

Health Board	No. of midwives	No. of supervisors	Ratio supervisors to midwives
Abertawe Bro Morgannwg University	308	20	1:15.4
Aneurin Bevan	291	18	1:16.1
Betsi Cadwaladr University	393	21	1:18.7
Cardiff and Vale University	293	19	1:15.4
Cwm Taf	223	18	1:12.4
Hywel Dda	197	19	1:10.4
Powys	43	6	1:7.2
Independent	0		
Total (all-Wales)	1748	121	1:13.7

Selection for the SoM preparation course

2.2.4 The recruitment and selection of SoMs is an ongoing priority for the LSA. During 2012-13 an active and ongoing recruitment strategy was facilitated by contact SoMs⁵, and supported by HoMs. The first step towards being appointed as a SoM is acceptance onto the SoM's preparation course. Nine midwives commenced the SoM preparation course in October 2012.

2.2.5 Contact SoMs across Wales take responsibility for ensuring that the role of the SoM and the SoM's preparation course is properly advertised and for encouraging and supporting suitably experienced midwives to apply. As in previous years, a number of SoM teams held recruitment road shows in their local areas to raise the profile of supervision and to support midwives who are interested in putting their name forward for the preparation course. A number of SoM teams encouraged interested midwives to shadow SoMs to gain a better understanding of the role and to attend SoM meetings. LSA MOs continued to hold *'listening clinics'* and similar numbers of midwives to last year attended these to discuss directly with LSA MOs, their interest in becoming a SoM.

⁵ Contact SoMs are two way conduit for information sharing between the LSA and Health Boards.

2.2.6 Midwives interested in attending the preparation course are required to self-nominate initially and then gather 10 statements of support from their peers using the template set out in National Guideline C⁶. To support their application they must also submit to the LSA a 1,000 word academic essay, the title of which is related to statutory supervision and requires applicants to outline what qualities they would bring to the SoM role. The essay and statements of support are used to short list candidates for interview.

2.2.7 The interview selection process involves participation in a group discussion followed by individual interviews conducted by a panel that includes an LSA MO, a HoM, a LSA appointed lay reviewer, an experienced SoM and the education lead for the preparation course.

2.2.8 The group discussion element of the selection process is used to assess whether midwives have the appropriate knowledge, skills and attitudes required of a SoM.

2.2.9 As reported in last year's annual report, recruitment to the 2012-13 preparation course, which commenced in October 2012, was successful with 30 applications, 20 of whom were shortlisted for interview (interviews took place in August 2012). The feedback process for successful and unsuccessful applicants was improved in-year and now each applicant receives both written and verbal feedback on their performance in the group discussion exercise and interview to enable them to identify areas for development.

2.2.10 Eight midwives started the preparation course in September 2011 and seven of these completed the course in July 2012. One student required support to resubmit her portfolio and was successful on the second attempt in September 2012. One appointment was delayed until 2013 due to ill health. Newly appointed SoMs used the LSA competency tool to identify and plan their development needs during their preceptorship period.

⁶ LSA Midwifery Officers Forum UK- National Guideline C- Nomination, selection and appointment of supervisor of midwives.

2.2.11 Given ongoing discussions in relation to the future model of supervision in Wales, a decision has been taken by the LSA to not recruit to the preparation programme for 2013-14.

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

2.2.11 During the year, eight SoMs were appointed across Wales. Seven of the appointees came from the pool of midwives who had attended the SoM preparation course during 2011-12 and one appointee was an experienced SoM who move to work in Wales.

Table 2: Appointment and de-selection trends for the past three years

No. of SoMs	2010-2011	2011-2012	2012-2013
Appointed in year	9	11	8
Removed from post (LSA de-selection)	0	0	0
Resignation (self de-selection)	9	19	21
Suspension from role (LSA suspension)	0	0	0
Suspension from role (self suspension)	0	0	0
Commenced preparation course (September)	12 (2010)	8 (2011)	9 (2012)
Leave of absence			9
Total number of SoMs in post	149	135	130

2.2.12 As can be seen from Table 2 above, during the year 21 SoMs resigned from the role. Each individual was offered an exit interview in line with UK Guideline E⁷. Table 3 highlights that the main reasons for de-selection were increasing work pressures, personal/family issues or retirement from their substantive role.

⁷ LSA Midwifery Officers Forum UK- National Guideline E-Voluntary de-selection from the role as a supervisor of midwives.

Table 3: De-selection trends for the past three years

Reason for de-selection	2010-2011	2011-2012	2012-13
Change in SoM's substantive role	3	2	2
Resigned from role/moved out of Wales	1	5	2
Retirement from substantive role	3	4	5
Work pressures	2	6	6
Personal/family issues, inc ill health	2	2	5
Did not give a reason	1	0	1
De-selection from post (self de-selection)	9	19	21

2.2.13 In addition, during the reporting year nine SoMs took a period of leave of absence for a period of between six and 18 months for personal/family reasons, a change in their substantive role and/or health issues that made it difficult for them to commit to the added responsibilities of being a SoM. As reported last year, there appears to be an increasing trend in requests for leave of absence, which the LSA has supported to help retain experienced SoMs in the longer term. The LSA actively engages with individuals on a leave of absence providing support for their re-induction to the SoM role when they are ready to return. The LSA also works closely with local SoM teams to monitor the impact that periods of leave of absence have on the ongoing workload of the SoM team.

2.2.14 Over the last three years, there has been an increase in the number of SoMs de-selecting as well as a continued increase in requests for leave of absence. Despite extensive recruitment strategies and detailed succession planning there have only been 28 SoM appointments made in the last three years while in the same period there were 49 SoM de-selections. It has become clear during the last 18 months, that the current situation is untenable. In response, the LSA has been working with Nurse Directors, HoMs and other interested stakeholders including representatives of the NMC, Welsh Government and the Royal College of Midwives to develop a model of supervision for Wales that is sustainable and ensures that all midwives practising in Wales are subject to appropriate and timely supervision and thus women and babies are protected by the active promotion of safe standards of midwifery practice. The implementation plan for a revised model of supervision is discussed in Chapter 5.

Protected time

2.2.15 During the year the LSA continued to work with HoMs to ensure that SoMs have protected time and support to undertake the role. Following on from concerns raised by SoMs that the time allocated to them to fulfil the role was insufficient, an exception reporting tool was introduced by the LSA in October 2011. The purpose of this tool is to enable SoMs to escalate concerns to the LSA and internally to the HoM when protected time has not been allocated or honoured. To date only a few SoMs have used the exception reporting tool to highlight the challenges they face in securing protected time. However, SoMs continue to raise concerns informally with the LSA in relation to the constant struggle they have in balancing their increasing midwifery workload with their SoM's responsibilities.

2.2.16 During 2011-2012, a number of Health Boards introduced e-rostering and processes for the approval of the allocation of additional protected time for the completion of SoM's investigations. The LSA is pleased to report that an increased number of Health Boards adopted such an approach in 2012-2013.

2.2.17 At the time of reporting no SoM team in Wales was fully compliant with the Annual Supervisory Review process, which requires that all midwives meet with their named SoM at least once during a 12 month period. This is discussed in more detail later in this chapter.

Continuing professional development and updating

2.2.18 In order to ensure that SoMs meet the requirements of Rule 11⁸, the LSA in Wales is committed to ensuring all SoMs appointed in Wales are able to access continuing, professional development and opportunities to update their practice.

2.2.19 During the year, the LSA worked with SoMs to embed the competency based self-assessment tool developed and implemented in 2011-12. The tool has 21 individual standards which enable SoMs to continually map their experience

⁸ Rule 11 of the NMC Midwives Rules and Standards (2004) sets out the eligibility for appointment as a supervisor of midwives.

against the NMC/LSA Standards and identify any gaps in experience and training. The tool also enables SoMs and SoM teams to devise SMART (**S**pecific **M**easurable **A**chievable **R**ealistic **T**ime framed) action plans.

2.2.20 An analysis of self-assessment submissions made in 2011-12 highlighted gaps and shortfalls in relation to the skills and knowledge required to complete SoM investigations to a professional standard. As a result during the year the LSA facilitated local workshops across Wales to support SoMs to enhance their investigative and report writing skills. The LSA also devised an investigation workbook which is being used as a training resource by all SoMs. The workbook provides a framework for SoM investigations, providing sample templates which are aimed at improving the quality of investigations.

2.2.21 The analysis also identified a lack of understanding by SoMs of their lines of accountability and in certain circumstances, an inability to delineate between the duties they carried out as a SoM and those they fulfilled as part of their substantive role. In response, the LSA facilitated two conferences which were held in South and North Wales on 5 and 21 November 2012. The conference entitled '*Are you Duty Bound?*' focused on providing SoMs with greater clarity regarding their responsibilities, accountabilities. The workshops were chaired by the Welsh Government's Midwifery Adviser, the Deputy CEO for HIW and the Director of Nursing for BCU health board. The conferences challenged SoMs to reflect on their duty of care both as a midwife and SoM.

2.2.22 The LSA continued to facilitate shadowing opportunities for SoMs in order to enhance their understanding of the LSA function, the LSA MO role, further promote the role of the SoMs and ensure succession planning. Development opportunities were again provided throughout the year and included involving SoMs in the annual LSA audit process and recruitment interviews which are described later in this report.

2.2.23 As in previous years, funding provided by the LSA enabled further training and development opportunities at a local/individual health board level through study days and periods of '*time out*' in which SoMs planned work priorities. Study days and training sessions covered subjects such as emergency skills' drills and record

keeping. A SoM awareness day on the *'Putting Things Right'* process was also held. Many SoMs utilised the funding to attend external conferences such as the Royal College of Midwives Legal Birth Conference and to support leadership and development away days.

In 2013-14 the LSA will:

- Continue to utilise the SoM's competency tool to ensure that training and development needs are identified and addressed.
- Continue to offer shadowing and development opportunities to SoMs in order to enhance their understanding of the LSA function, the LSA MO role, further promotion of the role of SoM and ensure succession planning.
- Use information collected in relation to SoM numbers, de-selections and training needs to inform ongoing discussions in relation to the future of supervision in Wales.

2.3 Ensuring the practice of midwifery is supervised in line with the Midwives Rules and Standards

2.3.1 Rule 12 sets out the requirements for the supervision of midwives and states that the LSA shall ensure that:

- Each practising midwife within its area has a named supervisor of midwives.
- At least once a year, each 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 training needs.
- All supervisors of midwives within its area maintain records of their supervisory activities, including any meeting with a midwife.
- All practising midwives within its area have 24-hour access to a supervisor of midwives.

2.3.2 All midwives are allocated a named SoM on commencement of their employment. In principle, midwives may choose their named SoM but in practice they will normally be initially assigned to the SoM with the lightest caseload. If a midwife is self-employed a SoM who lives and/or works near the midwife's base, or can travel to the base, would normally be asked by the LSA to include the self-employed midwife in her supervisory caseload. All midwives and SoMs are advised that they may request to change their SoM or midwife if the relationship does not suit either or both parties in accordance with Rule 12, Guidance Note 6 of the NMC (2004) Midwives Rules and Standards.

2.3.3 During 2012-13, the LSA continued to monitor the LSA database on a quarterly basis to ensure that every midwife in Wales had a named SoM. We are able to report that during 2012-13 every midwife practicing in Wales had a named SoM. The LSA uses the database to monitor standards, ensure that each midwife is allocated a SoM and ensure that annual reviews have taken place. In addition LSA MOs attend as many of the regular SoM meetings as possible. This provides an opportunity for LSA MOs to offer additional advice and support to SoMs in relation to service matters that may be relevant to public protection as well allowing them to observe SoMs planning and implementing their annual work plans.

2.3.4 General information about accessing a SoM is set out in the National LSA Guidelines and local LSA guidelines which are available on the HIW website <http://www.hiw.org.uk/page.cfm?orgId=477&pid=14742> and that of the LSAMO Forum UK visit www.lsamoforumuk.scot.nhs.uk/guidelines

2.3.5 Midwives are encouraged to be proactive and to initiate their annual supervisory review with their named SoM. Funding provided by the LSA continues to support the annual supervisory review process by paying for the substantive posts held by SoMs to be back-filled whilst they undertake individual reviews.

2.3.6 An analysis of the LSA database highlighted concerns in relation to the timeliness of annual reviews. At the time of reporting, only 83% of midwives in Wales had, had an Annual Supervisory Review (ASR) uploaded to the LSA database with some Health Boards reporting figures as low as 74%. Numerous reasons have

been given for such poor figures all of which highlight poor planning and insufficient time being afforded to such reviews. The Francis Report⁷ highlights the importance of all staff being subject to an annual review of their performance and hence all SoMs and midwives must recognise the importance of complying with and giving commitment to the NMC requirement for an Annual Supervisory Review (ASR). The LSA established a task and finish group in October 2012 to review the current ASR documentation to ensure that it is fit for purpose, supports a consistent all Wales approach and better informs the individual performance reviews conducted by management. The task and finish group is expected to report in August 2013.

2.3.7 The self-assessment evidence presented as part of the 2012-13 LSA audit, confirmed that supervisory records providing evidence of supervisory activities are maintained by SoMs. Confidential supervisory files which include a copy of the midwife's intention to practice as well as details of supervisory meetings and contacts are maintained, and as required by NMC standards kept separate from personnel files and securely stored. Increasingly records relevant to midwives undertaking developmental support or supervised practice are uploaded to the LSA database to avoid duplication of paper and electronic records.

2.3.8 All providers of maternity services in Wales have a 24 hour on-call rota of SoMs who can be contacted in an emergency. All midwives are informed of the location of the rota and how to access it. Normal practice is to place a copy of the rota in all departments/areas of the maternity unit/community office as well as to supply the hospital/unit telephone switch board with a copy of the rota. Records are kept of when advice is sought from a SoM, including date, time, problem and advice given. Audits undertaken by Cwm Taf and ABMU SoMs highlighted that 100% of midwives knew how to access their named SoM and the on-call SoM 24 hours a day. All other Health Boards reported similar positive experiences.

⁹ Francis Inquiry (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. London: The Stationary Office.

Contact SoMs, liaison SoMs and administrative support

2.3.9 Each provider of maternity services in Wales has a nominated '*contact SoM*' who is elected by their peers. The role of the contact SoM is to act as a two-way conduit for information sharing between the LSA, the HoM and SoMs in each health board. Contact SoMs co-ordinate the annual report from the health board to the LSA and also the quarterly reports detailing how the LSA funding allocation has been spent in support of the statutory supervision of midwives. It is expected that this role rotates at a locally agreed interval to ensure all SoMs have the opportunity to undertake the role. In 2012-2013, four out of the seven SoM teams had a new individual rotate into the role of contact SoM. The skills and competencies required of a contact SoM have now been included in the competency tool, enabling all SoMs to plan their future development needs in readiness for when they may be required to step into the contact SoM role.

2.3.10 During the year the LSA hosted quarterly meetings with contact SoMs and funded their time, travel and subsistence to attend at these. The agendas for these meetings were focused on further developing an all-Wales approach to achieving the standards for the statutory supervision of midwives and the practice of SoMs, sharing expertise and examples of good practice and encouraging joint working.

2.3.11 Through the contact SoM forum, SoMs from all areas of Wales have been able to meet regularly to exchange ideas, learn from each other and work together on initiatives relating to practice and/or the statutory supervision of midwives. Contact SoMs are encouraged by the LSA to bring a guest SoM or a student to the meetings to facilitate openness and transparency, enhance knowledge of the work of the LSA and to encourage succession planning for the contact SoM role.

2.3.12 Each provider of maternity services also has a '*liaison SoM*' who acts as a first point of reference for self-employed midwives to ensure they have access to local advice, policies and information. Liaison SoMs are also available for those midwives who may work across the Wales/England border. In last year's report, the LSA identified a potential need to host a forum for self-employed midwives and non-NMC registered birth attendants. Given the ongoing work in relation to the

development of a future model of supervision for Wales, this action has been carried forward into 2013-14.

2.3.13 Most SoM teams made progress during the year in relation to securing improved administrative support, utilising LSA funding to support these posts. However, further administrative resources are needed to assist with the following generic clerical duties that support the effectiveness of supervision:

- The upkeep of the LSA database in conjunction with the SoMs.
- Budgetary control and production of quarterly financial reports.
- Compilation of data for the annual report and assisting contact SoMs with the production of the local SoM report.
- Conference and event arrangements.
- Compilation of audit information and reports.
- Administration of the processes notifying the LSA of incidents and supporting SoM investigations.
- Providing the secretariat for SoM meetings; issuing agendas, taking minutes and maintaining action cards.

LSA annual audit process

2.3.14 The annual audit process introduced in 2011-2012 was further enhanced during the year by broadening the audit team to include LSA lay reviewers. The inclusion of lay reviewers ensured a clear focus on the user perspective in line with NMC (2012) Rule 7¹⁰ which recommends involving women who use the services of midwives in assuring the effectiveness of supervision.

2.3.15 In addition, peer review was built into the audit process by also including SoMs and students on the SoM preparation course as part of the audit teams. The LSA review team approach was welcomed by maternity providers and provided an opportunity to share best practice across Wales.

¹⁰ Rule 7 of the NMC Midwives Rules and Standards (2012) relates to the LSA standards and the LSA Midwifery Officer.

2.3.17 The LSA reviewed the findings of the 2011-12 audits and identified nine standards where development was needed across all seven health boards. These included audits of midwives' views and experiences of supervision, the interface of supervision with clinical governance and the process for SoMs to escalate their concerns to the board when they consider inadequate resources may compromise public safety. The 2012-13 audit process therefore focused on these nine standards as a priority. While the published audit for each organisation provides evidence of the progress made, analysis of these has identified that:

- Further improvement is needed in relation to the link between supervision and organisational governance arrangements.
- The frequency in which midwives are surveyed for their views on supervision needs to be increased and the LSA needs to ensure that their feedback is acted upon.
- Greater alignment and joint working across management and supervisory investigation processes where there is a serious untoward incidents
- Standards of recordkeeping need to be further improved with better sharing of lessons learnt.

2.4 Sharing noteworthy practice

2.4.1 During the year, numerous examples of practices and cases that demonstrate the importance of statutory supervision were highlighted. These were shared with stakeholders on a regular basis through the LSA's quarterly newsletter. The 2012-13 newsletters can be accessed at <http://www.hiw.org.uk/page.cfm?orgid=477&pid=13891>

2.4.2 Examples of practice worth sharing captured from the annual LSA audits and local SoM reports include:

- New employees at ABMU health board are provided with a resource book called '*Supervision in ABMU health board*'. It provides relevant

information about SoMs and supervision and other key information to support midwives.

- Anuerin Bevan health board devised an aide memoir, '*Message in a Bottle*' to remind midwives of the importance of urine testing at every antenatal visit. This quickly grew into a '*top ten*' of popular song titles that could be used as aide memoirs for other essential midwifery practices.
- BCU SoMs developed a team charter which sets out the responsibilities and objectives of the SoM team and emphasises the important role that they play in leading change through effective communication and by being visible to both women and midwives.
- The Cwm Taf SoM team attended a leadership and development day to strengthen team dynamics and further develop the SoM's role and profile as leaders within the Health Board. The day was facilitated by the Health Board's workforce and development team with the attendance of the Chief Executive and Director of Nurse.
- Cardiff and Vale SoMs introduced a monthly SoM safety briefing which highlights the quality and safety issues identified in the previous month as part of SoM activities. The safety briefing is produced in the form of a poster which is issued each month to supervisees and displayed in all clinical areas.
- Hywel Dda SoMs developed an electronic learning resource to support midwives to access key information such as RCOG and NICE guidance. There are also links to You Tube so that midwives can watch emergency skills videos.
- Powys SoMs have launched '*Comments on Supervision*' postcards. Midwives can write their comments on a Green card if supervision has resulted in something that they thought was really good and would want to happen again, Yellow if there is something the midwife would like improved and Red if the midwife feels that something has happened that is totally unacceptable.

In 2013-14 the LSA will:

- Implement the all-Wales Annual Supervisory Review proforma, currently entering the pilot phase, to provide a consistent template across Wales.
- Implement the LSA database activity sheet to link with the protected time exception report to capture the actual amount of time currently utilised by SoMs to carry out their role.
- Implement the Pyramid Visiting approach, which is being rolled out as part of the transforming care work stream, as a framework for quarterly LSAMO listening clinics.
- Review the current audit process for experiences of midwives' views of supervision to gain valuable feedback to further develop supervision.

2.5 Involving service users in supervision

2.5.1 The LSA for Wales involves lay reviewers in all aspects of its work. LSA lay reviewers have been integral to the work and function of the LSA since 2008.

2.5.2 As highlighted earlier in this report, lay reviewers are key to the LSA audit process as they are responsible for seeking the views of maternity service users and assessing their awareness of supervision. Lay reviewers also lead discussions with the Maternity Service Liaison Committees (MSLC) Chairs and patient experience leads. During the year lay reviewers also participated in the *'listening clinics'* held by the LSA at each health board providing them with an opportunity to meet with a wider range of service users.

2.5.3 One of the LSA lay reviewers is currently co-Chair of the all-Wales' Maternity Strategy implementation group and she presented at the National RCM conference in November 2012 on the value of the LSA lay reviewer role.

2.5.4 The lay reviewers are an integral part of the recruitment process for the SoM preparation course. They focus on the assessment of the applicant's attitude and

approach to women's choices and individualised care. Their input is invaluable in identifying midwives who are able to work well with women and their families.

2.5.5 The current cohort of lay reviewers was due to complete their five year tenure in July 2013. However, the contracts for those who wish to continue working with the LSA have been extended for a short period so that they can provide support to the new reviewers that will be recruited during summer 2013.

2.5.6 LSA audits, together with individual annual reports produced by each health board at the end of 2012-13, provided welcome evidence of the increased involvement of service users in supervision. Specifically, Powys Health Board SoMs hosted a feedback meeting for all women who had birthed within the previous six months; at which valuable information to aid the improvement of care pathways was gathered. While Cardiff and Vale SoMs are leading on '*observations of care*' and '*patient stories*' which are recognised tools to capture the patient experience and contribute to service improvement.

In 2013-14 the LSA will:

- Support the recruitment, induction and development of a new cohort of lay reviewers.
- Ensure the further integration of lay reviewers into the audit team.
- Continue to ensure that LSA lay reviewers access user forums and LSA MO listening clinics.

2.6 Engaging with higher education institutions

2.6.1 There are four higher education institutions in Wales (HEIs), each providing pre and post registration midwifery education. Each institution has a minimum of one midwifery lecturer who is also an LSA appointed SoM. During the year SoMs were actively engaged by all HEIs in the teaching and assessment of student midwives. Students were offered a number of opportunities to experience

supervision in action, such experiences included students shadowing their third year mentor when she meet with her named SoM for a supervisory discussion.

2.6.2 As in previous years, SoMs were members of the interview panel for the selection of prospective student midwives. SoMs worked in collaboration with colleagues in education on the Objective Structured Clinical Examination (OSCE¹¹) process to ensure that prior to qualifying student midwives were competent and confident to practise midwifery.

2.6.3 The LSA MOs met with a number of student midwives as part of the annual supervisory audit process, contributed to teaching sessions and spoke at conferences held by two of the HEIs during the year. Such engagement with students provided opportunities to enhance the students' understanding of the LSA function, the LSA MO role and further promote the role of supervision.

2.6.4 As in previous years, SoMs played an active part in delivering training for midwives and student midwives. SoMs continued to work in partnership with relevant education colleagues, supporting training sessions for example, for those midwives who had been out of clinical midwifery practice for a period of time, to assist them to resume practice with confidence as well as competence.

2.6.5 The Heads of Midwifery Education group continued to meet on a quarterly basis and the LSA was an invited observer. As in previous years, the LSA invited a representative from the HoMEd/LME group to attend meetings of the LSA/contact SoM forum. General issues relating to the clinical learning environment for student midwives were shared and discussed at these meetings. No issues of concern were highlighted during the year regarding the clinical learning environment for pre-registration student midwives.

2.6.6 The 2012-13 preparation of SoM programme was provided by Swansea University; the sole provider of the preparation programme in Wales. The

¹¹ An OSCE comprises a circuit of short (the usual is 5–10 minutes although some use up to 15 minute) stations, in which each candidate is examined on a one-to-one basis an examiner with either real or simulated patient / clinical scenarios.

programme was approved by the NMC in April 2012 with very positive comments regarding its innovative work-based learning approach which was developed around the LSA competency tool. Since the contract was awarded to Swansea University, both LSA MOs have been actively involved in the curriculum planning and have been active participants in the delivery of the programme.

2.6.7 In 2012-2013, all student SoMs undertaking the preparation course had a named mentor supporting them throughout the programme. The work based learning approach required all students to gain practical experience over 12 practice days during which students shadowed and observed their SoM mentor and the local SoM team, exposing them to a full range of SoM activities. Many of the 2012-13 SoM annual reports highlighted that SoM teams played an active role in supporting those midwives with '*sign off mentor status*¹²' to comply with NMC requirements.

2.6.8 In circumstances where a period of supervised practice was recommended for a midwife, a SoM worked, where appropriate, with a colleague from midwifery education, the midwife concerned and an LSA MO, to set and agree learning objectives and outcomes to be achieved. Some of the supervised practice programmes used a work based learning approach to the academic element. This approach will continue to be applied for the delivery of the LSA Practice Programme which replaces Supervised Practice within the revised Midwives Rules (2012).

In 2013-14 the LSA will:

- Continue to support and further develop work based learning approaches to ensure that students have exposure to the role of the SoM and the supervisory function.
- Continue to work with the LMEs to ensure student midwives are able to have exposure to statutory supervision in their training to ensure their awareness and then ongoing engagement as qualified midwives is positive and consistent across Wales.

¹² NMC (2009) Standards for Pre-Registration Midwifery Education.

2.7 Having appropriate policies in place

2.7.1 The LSA in Wales maintains a set of guidelines that are relevant to LSA business; these have been reviewed and updated as required since they were devised in 2006. There is also a set of national (UK) guidelines which have been agreed and adopted by all LSAs across the UK; these are used alongside the revised LSA guidelines for Wales. Jointly these are known as '*Healthcare Inspectorate Wales Local Supervising Authority Guidelines and Standards and LSA National (UK) Policies and Guidelines*' and they are available on HIW's website at www.hiw.org.uk and through the national website at: www.isamoforumuk.scot.nhs.uk. All SoMs in Wales have their own hard copy version of the LSA Guidelines and Standards. .

2.7.2 The guidelines are currently being updated by the UKLSAMO forum to reflect the changes and developments set out in the NMC Midwives Rules and Standards (NMC 2012). The LSA for Wales has contributed to the review of national guidelines to ensure that they meet any Welsh requirements and provide SoMs with clear processes and a framework for supervision. Current guidelines remain in place whilst the above actions are ongoing.

2.7.3 The triennial review of the LSA for Wales undertaken by the NMC in 2012 <http://www.nmc-uk.org/Nurses-and-midwives/Midwifery-New/NMC-Review-of-LSA-reports/2011-2012/> highlighted the need for HIW to improve the LSA section of its website. The revised wording for the website has been drafted by the LSA MOs and work to update the HIW website is to be taken forward.

In 2013-14 the LSA will:

- Implement updated guidelines in line with revised NMC Midwives Rules and Standards (NMC 2012).
- Evaluate the updated LSA section of the HIW website once work to update and redesign the HIW website is complete.

2.8 Ensuring investigations into sub-optimal practice are undertaken

2.8.1 The LSA is formally notified of serious untoward incidents where sub-optimal midwifery practice may have been a contributing factor via the national LSA database. Guidance on what type of incident should be reported is set out in the '*LSA Incident Reporting Trigger List*'. The trigger list was revised in 2011 by a working group made up of LSA MOs, contact SoMs, midwives and HoMs. The LSA Incident Reporting Trigger List ensures that only those incidents relevant to the role of the LSA are reported. Since the introduction of the Trigger list there has been a year on year improvement in the consistency of both the number of incidents reported as well as the relevance of the reports by the seven health boards.

2.8.2 All serious clinical incidents are subject to a supervisor of midwives' case review. If the case review indicates that the actions of any midwife may have contributed in a negative way to the clinical incident, or their practice was sub-optimal, a SoM will then undertake a full supervisory investigation in line with LSA Guideline L. A supervisory investigation may also be initiated following a routine audit of records or through the complaints mechanism.

2.8.3 Fifty-six clinical incidents or investigations were formally notified to the LSA in 2012-13 compared to the previous year's figure of 74. Exploration of the reasons for such a reduction in notifications highlighted that it was due to SoMs having a better understanding of the types of incident that should be reported. In line with the requirements for notification set out in the '*LSA Incident Reporting Trigger List*', during 2012-13 the LSA only received notifications that related to sub-optimal midwifery practice. In previous years a number of the reported incidents, whilst significant, were not relevant to the remit of the LSA as they did not relate to sub-optimal midwifery practice. Thirty seven of the 56 incidents notified to the LSA were subject to a SoM investigation, in line with UK LSA Guideline L.

2.8.4 LSA MOs worked closely with HoMs and SoMs across Wales to ensure that appropriate action was taken following a clinical incident. SoMs had the support of

an LSA MO for advice and guidance when conducting a supervisory investigation and meetings were held with individual SoMs to review an investigation as necessary. .

2.8.5 SoMs continue to find it a challenge to complete investigations within the twenty working days recommended by the NMC or even in a timely manner as required under the revised Midwives Rules (2012). In reality, of the 37 investigations undertaken by SoMs, only eight were completed within six to eight weeks. The remainder were completed within three to 12 months with an average completion time of five months. This is clearly unacceptable as it delays restorative practice for the midwives involved, prevents lessons from being learnt at the earliest opportunity as well as leaving the LSA and the health boards open to challenge.

2.8.6 In 2012-13 a period of supervised practice was recommended for seven midwives. Three of the seven midwives successfully completed their recommended programme of supervised practice in the reporting year and the remaining two completed in April 2013. A further two midwives have been on long term sickness and have not commenced their restoration which will now be taken forward as an LSA practice programme when they return to work. A period of developmental support was recommended for a further 17 midwives, a decrease on the number of midwives requiring such support when compared to the previous year when 22 midwives received such support.

2.8.7 Programmes of supervised practice are devised to address the individual learning needs of the midwife and are organised in line with the Standards for Supervised Practice (NMC 2007). From 1 January 2013, LSA practice programmes are organised in line with the NMC Midwives Rules and Standards, Rule 10 (NMC, 2012). If necessary, and with the agreement of all concerned, supervised practice or LSA practice programmes may be undertaken in a neighbouring health board. The LSA provides funding of £750 to support each programme of supervised practice.

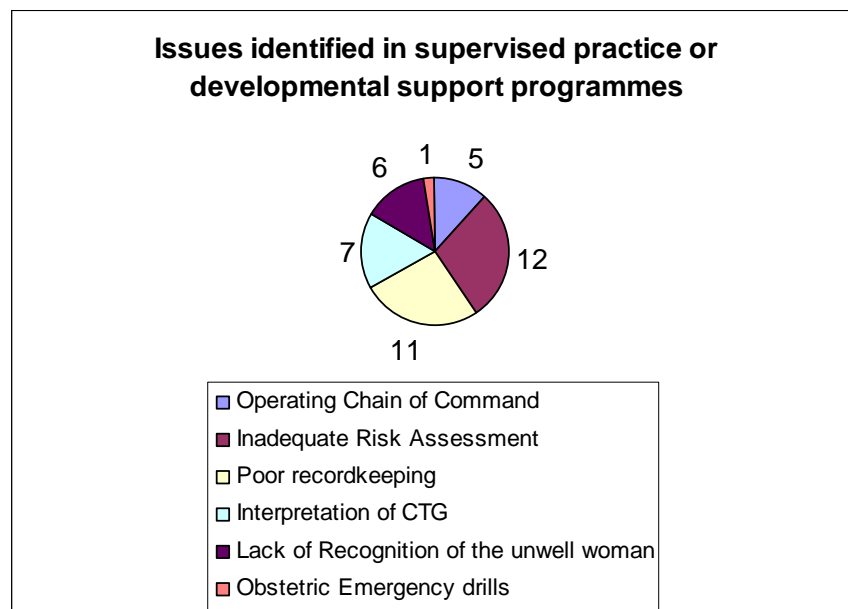
2.8.8 In this reporting year, two midwives were suspended from practice by the LSA and referred to the NMC as a result of significant deficits in their fitness to practice.

2.8.9 No referrals were made to the Health Committee of the NMC in this reporting year.

2.8.10 Over the last twelve months the philosophy of proactive supervision has been become embedded, with increasing evidence that SoMs are working more proactively at the level of case review and multi-disciplinary meetings to address shortcomings in midwifery practice before they give rise to serious practice issues that require a formal investigation.

2.8.11 The issues that arose during 2012-13, that led to a period of supervised practice or developmental support are summarised in Figure 1. The LSA will continue to work with SoMs to identify ways of further improving midwifery practice and identifying sub-optimal practice before it gives leads to a serious incident.

Figure1: Trends and themes leading to supervised practice/developmental support



2.8.12 SoMs have used the themes arising from incidents to inform education events and training sessions delivered in 2012-13. Such events and sessions have included training on:

- The use of all-Wales Antenatal Records.
- The use of the SBAR (Situation, Background, Assessment and Recommendation) as a communication tool.
- Recordkeeping.
- Recognition of the intrauterine growth retarded baby.

2.8.13 The LSA continues to highlight trends from incidents in the LSA's newsletter. During 2012-13, SoMs and LSA MOs contributed to a review of the normal labour pathway, the development of the Sepsis Six Bundle and the cardiotocograph (CTG) ¹³ eFM RCOG/RCM learning and assessment packages ¹⁴ with the aim of ensuring that any points of learning highlighted from incidents were properly captured.

2.8.14 Local LSA annual reports highlighted numerous initiatives that are being taken forward by SoMs that are aimed at addressing the issues highlighted by incidents, these include:

- Cwm Taf Health and ABMU health boards supporting SoMs to attend a *'Train the Trainer'* course with Royal College of Obstetrics and Gynaecologist to enable them to deliver Practical Obstetric Multi-Disciplinary Training (PROMPT).
- Building on the success of study days run in 2011-12 by ABMU, SoMs in a number of health boards have facilitated Perineal Repair study days which have been delivered by Professor Chris Kettle. They are also utilising an on-line training resource to enhance midwifery skills.
- SoMs across Wales have facilitated learning events for CTG Interpretation, Intrauterine Growth Assessment and use of the all-Wales Hand Held records.
- Welsh Health Legal services and the Royal College of Midwives have delivered k recordkeeping workshops to help improve the standard of recordkeeping, with a special focus on the records for complex women

¹³ A cardiotocograph monitors the fetal heart rate and uterine contractions during pregnancy.

¹⁴ <http://www.e-lfh.org.uk/projects/electronic-fetal-monitoring/>

choosing to birth at home where care plans need to be detailed and well set out.

- A Hywel Dda SoM was awarded the RCN Midwife of the Year for her work in delivering education and training programmes to paediatricians, midwives and healthcare support workers on Neonatal Life Support.

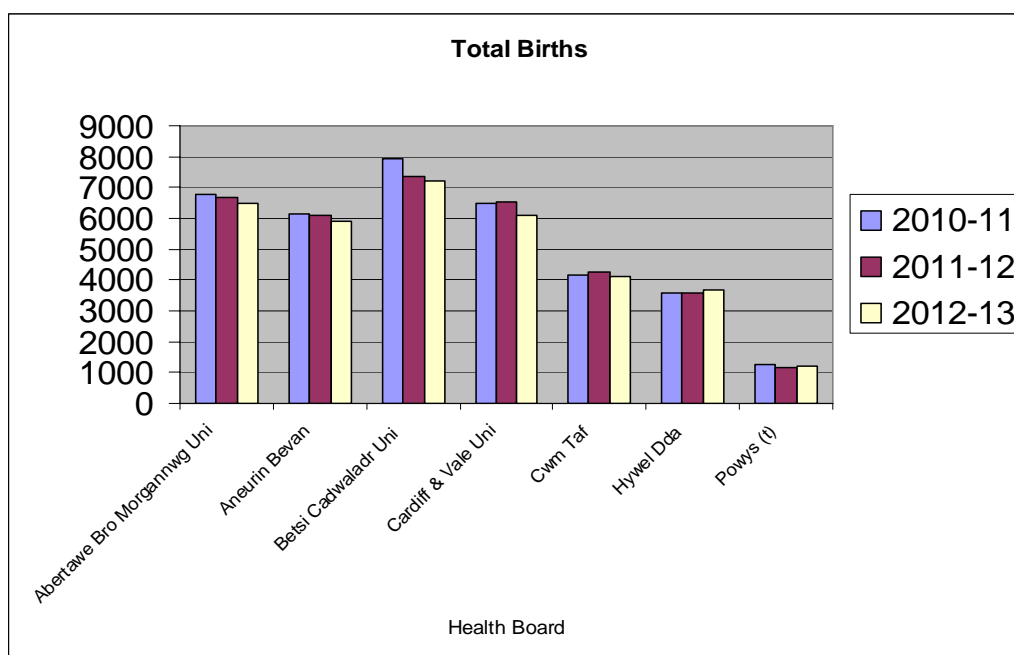
In 2013-14 the LSA will:

- Continue to provide local SoM investigation workshops with an emphasis on closing the loop from investigation and NMC Midwives Standards, Rule 10,
- Continue to audit the SoM and midwife experience of investigation process to measure the effectiveness of ongoing investigation training.
- Monitor trends of CTG interpretation to measure the effectiveness of the eFM competency assessment tool.
- Continue to use trends and themes from incidents and investigations to inform LSA education plans for the coming year.

Chapter 3: Targeting our work on what matters most and driving improvement

3.1 Information relating to maternity statistics is reported to the LSA by each health board through the annual reporting process. Figure 2 shows the total number of births by NHS organisation over the last three years as reported by the NHS and demonstrates a slight decrease in birth numbers in this reporting year. Welsh Government statistics for 2012-13 are compiled after the required date for publication of the LSA Annual Report to the NMC. Official government statistics will be published later at www.wales.gov.uk/statistics.

Figure 2



Midwife to birth ratios

3.2 The three year trend in whole time equivalent (WTE) midwife to birth ratios across Wales is detailed in Table 4. As in previous years, the LSA MOs worked with workforce planning teams across Wales in 2012-13 to promote the use of 'Birthrate Plus' (BRP) a recognised tool for calculating midwifery numbers for individual services based on several factors including acuity levels and birth rate numbers.

Every provider of maternity services in Wales has completed the BRP assessment in 2011 and a number have been implementing action plans which have enabled them to come very close to the BRP recommended ratio. Those health boards who fall short of BRP have provided Welsh Government with individual plans on how they will address their deficit.

3.3 The BRP recommended WTE midwife to birth ratio is 1:28 which is a figure supported by the Royal College of Midwives. It is encouraging to note that Welsh maternity services midwife WTE numbers are fairly close to the BRP recommended ratio with the exception of Powys. Powys HB is a unique provider in that it has no DGH and a large percentage of Powys women therefore access their intrapartum care in hospitals outside their county which explains the difference in their ratio.

Table 4:

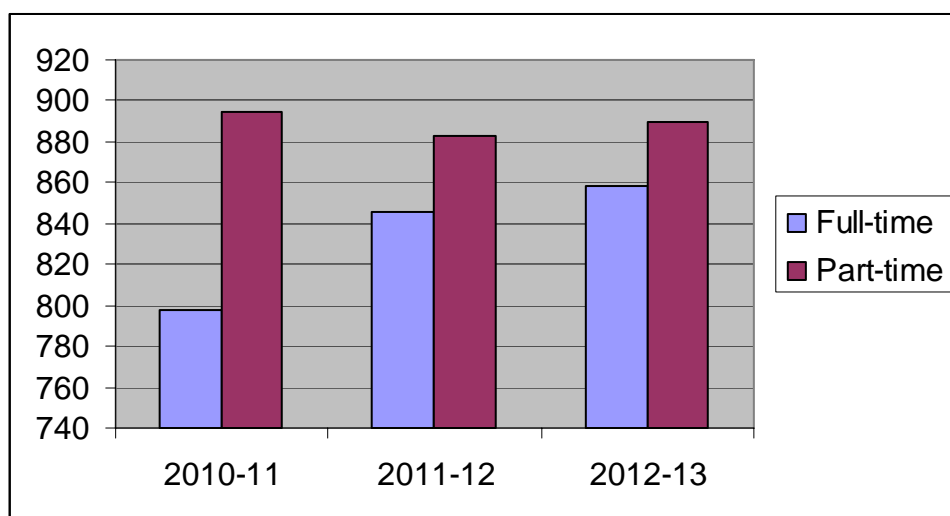
Health Board	2010-2011	2011-2012	2012-13
Abertawe Bro Morgannwg University	1:31	1:32	1:28
Aneurin Bevan	1:29	1:27	1:25
Betsi Cadwaladr University	1:30	1:27	1:27
Cardiff and Vale University	1:30	1:31	1:29
Cwm Taf	1:26	1:26	1:25
Hywel Dda	1:26	1:25	1:27
Powys	1:38	1:36	1:37

3.4 Whilst not all maternity services in Wales have reached the BRP standard, HoMs continually strive to achieve and maintain appropriate skill mix and establishment in line with their BRP assessments but funding pressures make this a constant struggle. BRP has identified the optimum ratio of qualified to support staff to be a 90:10 split. LSA MOs continue to monitor staffing and qualified to support staff ratios are closely scrutinised through quarterly meetings with HoMs and through incident reporting where staffing is considered relevant.

3.5 The LSA has continued to note a steady trend in the increasing number of whole time to part time midwives over the past three years as shown in Figure 3.

Whilst the appointment of part time midwives enables greater flexibility within the workforce and retains experienced midwives who may otherwise retire this also presents other issues for the service and the SoM team. An increased head count means an increased workload for SoMs in maintaining the 1:15 ratio required by the NMC. A further challenge comes with allowing all staff sufficient time to access continuous professional development and the demanding mandatory training requirements.

Figure 3: Full/Part-Time Midwives



Home births and focus on increasing normality

3.6 Midwives across Wales continue to promote normality and work to ensure that the ‘*Normal Labour Pathway*’ is followed. Over the past 18 months, the LSA MOs and SoMs have been involved in a review and update of the Normal Labour Pathway to ensure it remains fit for purpose. A revised pathway was implemented in 2012-13. The Welsh Government maternity strategy strongly emphasises the importance of ‘*normalising*’ birth and providing care as close to home as possible. The LSA MOs and SoMs have continued to work closely to support the implementation of the all Wales Strategy and will continue to promote normality and home births.

3.7 Statistics relating to normal births in 2012-13, provided to the LSA by maternity services providers, highlight figures from 56% to 68% - see Figure 4. Of these normal births the number of home births range from 1.6 % to 7.6%. It is disappointing to note that four of the seven service providers in Wales have reported a notable decrease in the number of home births in 2012-13 with only Cardiff and Vale Health Board reporting a gradual increase year on year - see Figure 5.

Figure 4:

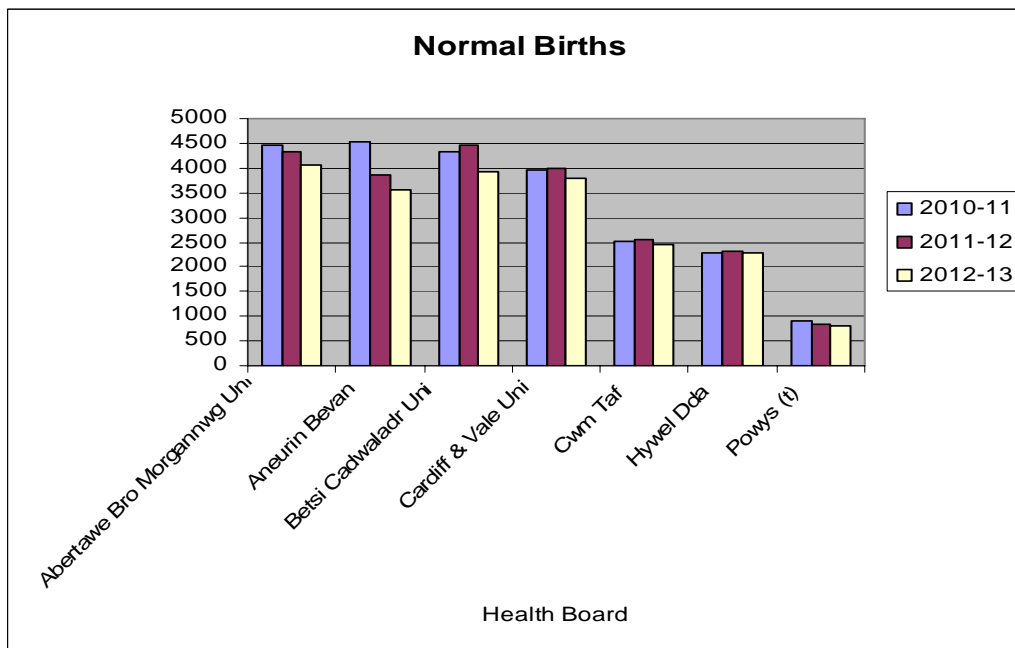
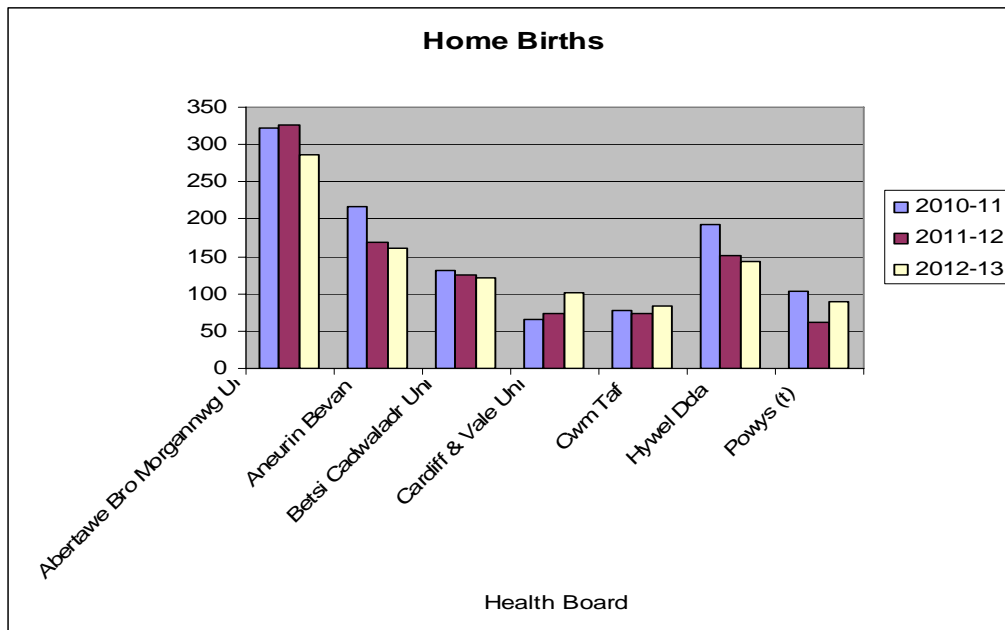


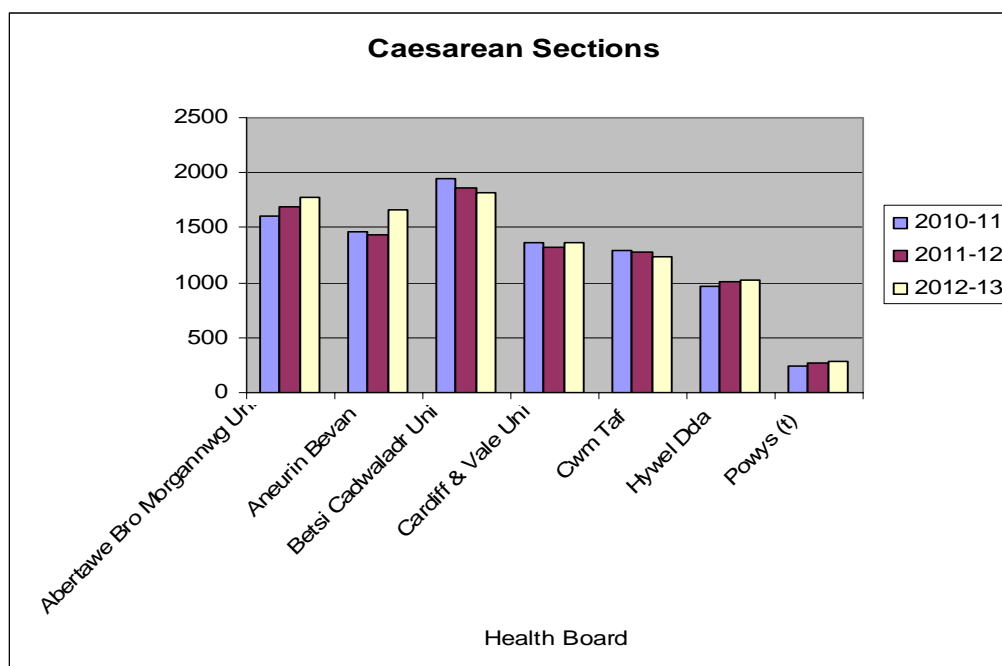
Figure 5:



Caesarean section rates

3.8 A number of health boards, led by SoMs have been working over the past three years with the Reducing Caesarean Section tool kit designed by the NHS Institute for Innovation and Improvement in England. The tool kit aims to guide the management of labour to achieve a vaginal birth and thus contribute to reducing the incidence of caesarean section. The trends presented in Figure 6 show that Cardiff and Vale and Powys health boards' caesarean section rates are fairly static with rates of below 25% and that BCU health board has achieved a notable decrease in sections over the three year period. During 2012-2013 the Public Accounts Committee required the five health boards with Caesarean section rates of 25% or above to provide an explanation for such high rates and submit a local delivery plan for improvement.

Figure 6:



3.9 The local SoM reports highlighted some of the noteworthy initiatives that were taken forward by SoMs in 2012-13 which were aimed at supporting normality, homebirths and reducing caesarean rates which include:

- ABMU health board developed a monthly summary notice called *'How are we doing in January, February etc'* which provides data to midwives on the total number of normal births, that took place at home and in midwife led units.
- Hywel Dda health board developed a *'Pathway through normal maternity services – Make every contact count'* document which is an excellent resource for midwives at all levels to use as an aide memoir of what should be provided for all pregnant women to promote normality
- SoMs in BCU health board have been supporting midwives to open a specific midwife led area alongside their delivery suite. The environment offers water birth facilities and relaxed environment for early labour support and post delivery discharge direct from the unit.

- Aneurin Bevan SoMs have been running awareness sessions to support water births following the recent introduction of a *'portable Water birth Pool in a Box'* and Static pools in delivery suite areas.
- Powys SoMs hosted active birth and normality workshops as part of the annual update training offered to all midwives.
- Cwm Taf SoMs are playing an active and visible role in addressing the higher than average caesarean section rate by participating in the Multi-Professional Normal Birth working group.
- Cardiff and Vale SoMs have been contributing to a multi-professional initiative which is focused on reducing the caesarean section rate. This has demonstrated a notable decrease in their section rate over a three year period.

Maternity unit closures

3.10 All maternity service providers in Wales use the all-Wales escalation policy as guidance for unit closure. Maternity unit closures are managed *'in house'* and are normally of a short duration. Where closure is necessary women are transferred to another unit within the health board where possible to minimise risks of long distance travel. As part of the work to revise the *'LSA Incident Reporting Trigger List'* undertaken in partnership with the HoMs in 2011 it was agreed that the LSA should only be notified of a unit closure if this affected the whole of the health board and not just one part of it, or if a woman and/or her baby were put at risk by having to travel an excessive distance to access appropriate care.

3.11 In this reporting year the LSA received one notification of a closure which is a significant decrease from the 19 notifications it received in 2011-12. Of the 19 notifications received in 2011-2012, 15 related to closures that affected only one part of the health board and hence should not have been reported to the LSA. Reasons for closure are summarised in Table 5.

Table 5: Unit closures with reasons

1	No beds.	The closure was for a period of 11 hours.
0	No neonatal cots.	
0	Medical or midwifery staff shortages.	
0	Increased acuity or activity.	

3.12 SoMs in all health boards are involved in the implementation of the escalation policy and work with midwives to ensure that the safety of women and babies remains a priority at times of increased pressure.

Clinical incidents

3.13 All providers of maternity services in Wales have a policy whereby serious untoward incidents are reported, reviewed and corrective actions implemented as required.

3.14 As referred to earlier in this report, the LSA is notified of serious untoward incidents via the LSA database in line with the revised LSA Incident Reporting Trigger List. The LSA is primarily concerned with receiving serious untoward incident reports, where sub-optimal midwifery practice may have contributed to a poor outcome or a near miss for a mother or baby. The Welsh Government patient safety branch also receives serious incident reports that relate to wider maternity service issues. The LSA database is updated by the LSA MOs on receipt of the outcome of a case review which follows the notification of each clinical incident. Fifty six clinical incidents were notified to the LSA in 2012-13, in comparison to 74 in 2011-12. The types of clinical incident reported to the LSA were:

Table 6: Clinical incidents by type

Antenatal incidents
There were 11 antenatal incidents which included premature labour, antenatal haemorrhage and pre-eclampsia. There were five incidents with intrauterine death, some where reduced fetal movement had been a feature prior to

admission. In cases of reduced fetal movement midwives could not always demonstrate that adequate discussions had taken place with women in relation to seeking full clinical assessment and records did not provide evidence of the care given in all cases. Such shortcomings resulted in supervised practice or developmental support for the midwives involved.

During labour incidents

There were 39 intrapartum incidents where issues related to CTG interpretation, inadequate assessment and care planning, poor in labour decision making, failure to recognise the unwell woman or poor neonatal outcomes associated with birth were identified as being contributory factors. Three of the incidents related to post partum haemorrhage and one was an obstetric emergency with an undiagnosed breech. Where intrauterine death occurred failure to respond to a poor CTG reading, failure to seek timely medical aid or a lack of care planning were identified as contributory factors. Again, the midwives involved were required to undertake supervised practice or a developmental support programme.

Postnatal incidents and poor neonatal outcomes

There were seven postnatal incidents which included postnatal sepsis, secondary postpartum haemorrhage and a child protection issue. Practice issues were reviewed as required and sub-standard midwifery practice was evident in four of the seven cases with the most common theme being inappropriate care planning and poor standards of record keeping. These shortcomings were addressed through developmental support programmes.

Professional Issues

Professional issues were a factor in one incident reported this year and centred on the honesty and integrity of a midwife. The case was referred to the NMC.

3.15 There were five maternal deaths reported to the LSA in 2012-13, in comparison to four in 2011-12. Sub-optimal midwifery care was not implicated in any of these cases.

3.16 As reported in Chapter 2 of this report the LSA continue to undertake regular audits to ensure that measures are in place in each of the seven Welsh health boards to support continuous professional development and the maintenance of

mandatory skills. During the year, the LSA MOs work with SoMs to devise programmes of developmental support or supervised practice for midwives who may lack confidence and/or require updating in a specific area of practice. Annual supervisory reviews enable SoMs to discuss the individual practice and development needs of the midwives they supervise and to assist them to implement programmes of learning and experience, as required. The LSA quarterly newsletter '*Super Vision*' continues to be circulated widely across Welsh maternity services to highlight trends and themes from incidents, lesson learning and directs SoMs and midwives to essential reading to enhance local practice.

3.17 The LSA continues to work collaboratively with other organisations that have a safety remit, particularly the Inspections team in HIW, Patient Safety Welsh Government, Welsh Risk Pool, National Patient Safety Association (NPSA) and MBRRACE-UK which conduct the National Maternal, Newborn and Infant Clinical Outcome Review Programme (formerly CEMACH). SoMs and the LSA MOs have been active contributors to the implementation groups set up to take forward the Strategic Vision for Maternity Services in Wales¹⁵.

Public health trends

3.18 Welsh maternity services continue to focus on public health trends such as teenage pregnancy, obesity and continued high rates of smoking and drinking all of which add to the challenging agenda for maternity service delivery. Public Health is a specific focus of the Strategic Vision for Maternity Services in Wales and SoMs have continued to be involved in initiatives aimed at influencing best practice in areas of public health. Through their local delivery plans, individual providers of maternity services are proactive in taking measures to identify trends and make changes in practice to improve care and outcomes for women and babies.

¹⁵ Welsh Government (2011) A Strategic Vision for Maternity Services in Wales launched September 2011 available at <http://wales.gov.uk/topics/health/publications/health/strategies/maternity/?lang=en>

Chapter 4: Complaints in relation to the discharge of the supervisory function

4.1 Complaints against the LSA and/or LSA MOs are dealt with in accordance with the Welsh Government's complaints procedures. The process of dealing with complaints is described in the LSA Guidelines and Standards.

4.2 The LSA received no formal complaints in 2012-2013. However, an in-depth review of a series of complaints made about the actions of the LSA that was started in 2011-12 is still on-going. The Complaints Unit of the Welsh Government are assisting HIW with this case.

Chapter 5: Looking to the future - our work in 2013-2014 and beyond

5.1 It has become more and more apparent over the last two years that the way in which supervision is provided across Wales must evolve and change if the requirements set by the Nursing and Midwifery Council are to be properly met in the years to come, and most importantly midwives effectively supported.

5.2 Increasing midwifery numbers, a reduction in those applying to become supervisors and a growing number of senior midwives resigning from the Supervisor of Midwives' role means that the current model of supervision is unsustainable. Across Wales SoMs constantly struggle to balance the responsibilities of being a SoM with the increasing clinical challenges present by modern midwifery practice.

5.3 During the past twelve months the LSA for Wales has worked with Nurse Executives and Heads of Midwifery from across Wales to develop a new model of supervision that will be fit for purpose and stand the test of changing demands and pressures. There is commitment to developing and implementing a model that makes roles and accountabilities clearer and enables more time to be dedicated to the SoM role.

5.4 The LSA has set up a steering group to take the 'future proofing' of supervision agenda forward. It is intended that the group will make its recommendations by the end of September 2013.

5.5 Whilst the review of supervision in Wales is ongoing the LSA will continue to support midwives and SoMs to be proactive in meeting the challenges that face maternity providers across the NHS in Wales.