

## Annual LSA Audit & Handover Report

2013-2014

Aneurin Bevan University Health Board

amddiffyn y cyhoedd  
trwy oruchwyliaeth  
statudol o fydwraedd



protecting the public  
through statutory  
supervision of midwives

**NAME: Vinny Ness**

**LSA MO**

**Date: 31.10.14**

# Contents

- 1 Executive Summary.....
- 2 Introduction .....
- 3 Audit Findings .....
- 4 Future Proofing Supervision Shadow/Hand Over Plan.....
- 5 Conclusion.....
- 6 Appendices .....

## **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 (2012). In Wales, the function of the LSA is provided by Healthcare Inspectorate Wales (HIW) 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 overarching focus of supervision in year has been the development of a revised model of supervision that will enable the LSA and the Health Boards (HB) to meet their respective statutory duties. The backdrop to the need for a Future Proofed model of supervision in Wales was the identification of many risks in the existing model as well as increasing numbers of resignations and leave of absences by SoMs who could no longer juggle the increasing demands of the supervisor's role with those of their substantive posts.
- 1.3** The initial plan for implementation of the revised model of supervision in Wales was scheduled to be the 1<sup>st</sup> April 2014. It was the LSA's intention that audit reports would be published in May thereafter in order that they could reflect the existing position of supervision in each HB as well as identify the issues for handover and the action plan to take supervision forward. In reality, following several delays in implementation, the go live date was 4<sup>th</sup> August 2014 which in turn contributed to the delayed publication of the audit and handover report. The LSA has of course continued to work with Heads of Midwifery (HoMs) and the supervisory teams to ensure supervision of midwives has been appropriately supported and effectively delivered during the transition period.
- 1.4** The purpose of the annual audit is to assess the performance of Supervisors of Midwives (SoMs) in delivering the function of supervising in each HB against the NMC standards and make suggestions for further development and continuous improvement.
- 1.5** This report will set out the position of supervision in Aneurin Bevan (AB HB) HB at the time of audit earlier this year as well as the current status now that handover is complete and the revised model has been fully implemented. It will also include the self assessment action plan devised by SoMs as part of the audit process and since honed by SoMs appointed to the revised model of supervision who are now charged with taking supervision forward to be a high quality, timely and effective service provision.

## 1.6 Overview

The LSA in Wales has continued to revise and refine the process for auditing maternity services which was initially devised in 2011- 2012. The current audit was conducted through a team approach with peer and lay reviewer input. The aim of the audit process was for SoM teams to self assess their progress against all 17 standards set by the NMC and to identify where they considered any development action was needed or recommendations had been made previously by the LSA. The action plan would form part of the handover plan from the existing SoM model to the Future Proofing Supervision (FPS) SoMs to take forward. This current audit showed that 65% (11) of the criteria for the seventeen standards measured were met with **STRONG** evidence, a further 29% (5) were met with **STRONG/MODERATE** evidence and there was just 6% (1 standard) where evidence was assessed as being **MODERATE** and development actions need to be put in place to strengthen the supervisory function.

The AB HB SoMs appointed to the revised model of supervision will work towards delivering their action plan as set out in section three to support development of standards in year. They will also need to focus on addressing issues raised in the handover plan as seen at section four. The achievement of the Key Performance Indicators (KPIs) identified in the Future Proofing Supervision, Service Specification will further enhance and influence practice change. Progress against the KPIs will be monitored through the Monitoring and Evaluation Group and through the Senior Leadership Group of HIW. Quarterly reports will be prepared and shared with HoMs to enable further monitoring and address any specific challenges to progress.

The LSA has been clear from the outset that the audit process aims to support continuous development by attracting appropriate resources and training as required. We are working closely with colleagues from across Wales and beyond to redesign the audit process for the coming year as we consider external scrutiny of the LSA will be essential now that the supervisors are working directly to the LSA. We hope that appropriate Health Board personnel will take the opportunity to be part of the audit process as a means of providing maternity services, Executive Directors and the Board with the necessary assurances that statutory supervision is supporting public protection.

This report will be published on the HIW website in due course subject to translation at [www.hiw.org.uk](http://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 (LSA MO) 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 NMC standards. The review team consisted of the named LSA MO, at least one LSA Lay Reviewer and an experienced SoM from a neighbouring HB. 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 ensures the user perspective throughout the audit process rather than the lay reviewers conducting a separate and unrelated audit function, as in previous years, which was welcomed at all levels.
- 2.3 The audit visit for Aneurin Bevan (AB) HB, took place on 14<sup>th</sup> January 2014 as planned. Key personnel were invited to attend as well as the HB supervisory team (**Appendix A – Programme**). The LSA MO, supported by a Lay Reviewer and sometimes a SoM, also undertook quarterly Pyramid audits as part of the annual audit cycle. Individual feedback reports were provided to the Head of Midwifery (HoM) immediately following the visit identifying areas of good practice or raising awareness where development was needed.
- 2.4 The annual audit was conducted by Vinny Ness LSA MO, supported by experienced SoM, Debbie James from Hywel Dda and Joy John and Louise Woolley LSA Lay Reviewers.
- 2.5 The audit visit began with a brief overview presentation by Vinny Ness and was followed by the SoMs PowerPoint presentation giving an overview of AB HB and supervisory activities as well as the achievements of the SoMs in relation to good practice. In addition, the audit visit gave an opportunity to meet and share information on supervision with, the Nurse Director, Head of Midwifery, Risk Midwife, SoMs, midwives, student midwives and service users (**Appendix B – Attendees**).

### **3 Audit Findings**

#### **3.1 The delivery of effective supervision.**

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. The NMC Midwives rules and standards [MRS] Rule 9<sup>1</sup> requires that the SoM to midwife ratio will not normally exceed 1:15 but must, at the very least, reflect local need and circumstances, without compromising the safety of women.

As of the 31<sup>st</sup> March 2014 AB HB had 293 midwives and 14 SoMs giving a ratio of 1:21. This higher ratio was indicative of the pressures on the provision of supervision at the time but was addressed by the HoM through the additional provision of full time SoM hours. The SoM team was enhanced by an additional 12 days per month which gave an adjusted ratio of 1:13.

##### **3.1.1 Appointment of SoMs, de-selection, resignation and leave of absences**

In the audit year seven SoMs in AB HB either de selected from the SoM role or took an extended period of leave of absence. Exit questionnaires were completed by those SoMs exiting the role and the main reason given for resignation was the pressures of their substantive role or the need to improve their home/work life balance. The LSA worked closely with the HoM and the SoM team to manage the increasing pressure of resignations and leave of absence on the SoM workload.

The LSA continued to support the ongoing development of SoMs (Rule 8<sup>2</sup>) through local workshops and engagement events particularly around the proposed Future Proofing Supervision (FPS) model. Since supervisory investigations were an area of risk for the LSA, local workshops concentrated on improving the skills of SoM in investigation and report writing in line with Rule 10<sup>3</sup>. There was further emphasis on closing the loop through restoration of midwifery practice and wider lesson learning in a timely manner. SoMs were provided with a detailed Investigation Workbook which contained all the necessary templates and exemplars to support them in their practice. In light of the impending implementation of the FPS model the LSA deferred the annual supervisory conference in favour of a planned event in 2015 which will be facilitated by the team of SoMs aimed at midwives and their understanding of professional accountability.

---

<sup>1</sup> NMC Midwives rules and standards (2012)

<sup>2</sup> Rule 8 of the NMC Midwives rules and standards (2012) sets out the requirement for continual professional development as a supervisor of midwives.

<sup>3</sup> Rule 10 of the NMC Midwives rules and standards (2012) sets out the LSA procedures for supervisory investigations.

### **3.1.2 Mechanisms for continuous access to a supervisor of midwives**

Rule 9<sup>4</sup> sets out the requirements for the supervision of midwives and as a minimum each midwife must have a named SoM who she meets with at least once per year for an annual supervisory review (ASR). AB HB SoMs had a continuous compliance of 100% of midwives with an allocated named SoM throughout the year. The average rate of compliance with the ASR meetings was 93% across the audit year. This figure was affected by the number of SoM de-selections in quarter three when compliance fell to 87% but quickly recovered to 95% in quarter four following the provision of additional SoM hours.

The LSA encourages ASRs to be completed electronically and the proformas are then stored on the national LSA database. The audit of paper record storage showed strong compliance with the required standards and midwives views of the ASR process were in the main positive or very positive. This included whether they found the process of value and if they were afforded appropriate time and privacy for the process. Monitoring the compliance with the ASR process has been an important element of the preparation for the implementation of the FPS model, ensuring that FPS SoMs did not inherit additional work and that SoM records were in a fit state for hand over with up to date and relevant information (see handover plan for detail).

AB HB SoMs operate a 24hour on call rota across the HB and SoMs rotate the responsibility to ensure access to a SoM for midwives and women is available. The annual audit of on call response rates conducted by the LSA Lay Reviewers in January was very positive with the on call SoM responding within two minutes in office hours and three minutes out of hours.

The LSA MO attended 75% of AB HB monthly SoM meetings to ensure clear two way communication between the LSA and SoMs on all aspects of the supervisory function. The LSA MO attendance also provided an opportunity to offer additional advice and support to SoMs in relation to service matters that may be relevant to public protection as well as allowing the LSA to oversee SoMs planning and implementing their annual work plans.

---

<sup>4</sup> Rule 9 of the NMC Midwives rules and standards (2012) sets out the requirement for supervisor of midwives.

### **3.1.3 Impact on supervision of midwives working outside of maternity services**

AB HB, like other HB across Wales have a number of practitioners who use their midwifery registration but are not directly employed in a midwifery role. The practitioners in AB HB who fell in to this category are employed as Health Visitors however they still require a named SoM in order to comply with the Midwives rules and standards (NMC). SoMs in AB HB decided to manage the additional caseload by setting up group supervision for these registrants. This not only made the workload manageable for SoMs but also provided peer support for a group of professionals who may have otherwise found themselves isolated from the midwifery profession and enabled them to benchmark their activity against each other.

## **3.2 Involving service users in supervision**

The AB HB has a very active Maternity Service Liaison Committee (MSLC) and the LSA MO has attended meetings on a few occasions to highlight relevant issues in regard to supervision. Most recently the committee had a presentation on the FPS model and how women would be able to access the support of a SoM. The chair of the MSLC attended the annual audit day and met with the lay reviewers to share their views on how statutory supervision had supported women accessing maternity care in AB HB. The chair of MSLC also attends the HB Maternity Services Board, a multi disciplinary group, chaired by the Director of Nursing, which monitors the effectiveness of the maternity service.

The LSA lay reviewers also engaged with women who were using the services of AB HB during each of the Pyramid visits. It was disappointing to find, throughout the year, how few service users either had any knowledge of supervision and its purpose or had actually accessed a SoM for advice or support. Conversely this could be a positive response meaning those women who met with the lay reviewers were content with the care they received which was, almost without exception, the feedback women and their families articulated. It was most helpful to the LSA and the service to see the ward through the eyes of a service user and lay reviewers provided specific feedback on the environment of care and the appropriateness of information available for women. The lay reviewers had input to the quarterly reports back to the HoM and took part in proof reading the report before it was released.

The AB HB SoMs were instrumental in setting up the LSA contact with the Community Health Council for AB HB so that the LSA MO could attend a meeting with them to raise the profile of statutory supervision and share with them the proposed model for supervision in Wales.



### 3.2.1 Overview of LSA audit activity – risk and benefit realisation

**Table 1 Aneurin Bevan Health Board Self Assessment Action Plan**

Stan. No.	Criteria/Measure	HB SoM planned action for improvement	Stan. No.	Criteria/Measure	HB SoM planned action for improvement
1	Midwife's views and experiences of statutory supervision are sought.  <b>STRONG</b>	To replicate the YYF model hold monthly SoM clinics at RGH/NHH potential roll-out to satellite sites i.e YAB, County Hosp and Chepstow Individual, local and professional issues, i.e.: 'Future Proofing' and revalidation to be discussed here.	9	Regular meetings of SoMs are convened to share information and proceedings are recorded  <b>STRONG</b>	TOR, scheduling and format to be revisited to ensure maximum engagement and attendance at future meetings. If pattern noted in regard to competing demand with SoM role & substantive post an exception report will be filed with the LSA following the missed meeting (FPS model pending)
2	Confidential supervisory activities are undertaken in a room that ensures privacy.  <b>STRONG</b>	Explore if one central office space could be sourced as a SoM base where all SoM records could be stored	10	Effective mechanisms are in place to ensure that every SoM receives information disseminated by statutory bodies  <b>STRONG</b>	No new planned action
3	SoMs participate in developing policies and evidence-based guidelines for clinical practice.  <b>STRONG/MOD</b>	All SoM's to ensure that they confirm their attendance at meetings, specifying their SoM capacity	11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies.  <b>STRONG</b>	No new planned action
4	All midwives have access to documentation of local guidelines and policies in electronic or hard copy.  <b>STRONG/MOD</b>	To allocate a SoM for 2014/15, who will take forward random audits as part of their individual/team competency. Process to support this has been designed	12	An interface between supervision & risk management is evident in the investigation of critical incidents  <b>STRONG</b>	No new planned action
5	Midwives are provided with/ attend skills & drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations  <b>MODERATE</b>	To raise awareness of professional accountability and NMC/HB expectation of attendance at mandatory training, during group supervision. Any difficulties expressed by supervisees in regard to allocation will be highlighted to SMM by named SoM	13	Outcomes of investigations of critical incidents are disseminated to inform practice  <b>STRONG/MOD</b>	SoM allocated time (0.6WTE) to cover deficit in SoM team, in wake of retirements/ de-selections. This will improve SoM: supervisee ratios, improve turn-around for investigations/implement measures to improve midwifery practise and implement an audit schedule to ensure recommendations become imbedded into practise

					SoM allocated time (0.6WTE) to cover clinical risk meetings and conduct case reviews/investigations on needs basis. SoM and clinical-risk co-ordinator to meet on a monthly basis to verify progress of investigations/case reviews/referrals for reflection (loop closure). Same to be evidenced through an SBAR written by SoM and filed in shared drive. See flow chart attached
6 7	SoMs retain records of Supervisory activities Supervisory records are maintained and stored in a secure way  <b>STRONG x 2</b>	See V2	14	Audit of record keeping of each midwife's records takes place annually.  <b>STRONG</b>	SoM team to do smaller, more frequent audits in order to add value/timeliness to findings - do regular audit at group supervision sessions. This will also offer an opportunity to conduct peer audit
			15	Information pertinent to statutory supervision of midwives is publicised through e.g. Newsletters, bulletins, web-sites, e-mails, voice mail and reports by LSA, Employers and SoM  <b>STRONG</b>	No new planned action
8	Support is provided for SoMs in their administrative tasks in line with LSA funding  <b>STRONG</b>	Fully supported	16	SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety.  <b>STRONG/MOD</b>	SoM's will closely monitor their supervisees performance in CTG assessment and will support individual, should they not meet the required standard It is important to note that STAN will be introduced into the high-risk birth areas in 2014/15. It is anticipated that SoM's will support its allied implementation process
17	SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services.  <b>STRONG/MOD</b>	The SoM team have mechanisms by which their concerns can be highlighted, however this needs to be furthered to ensure concerns are acted upon  When a concern is raised it must become de-rigueur to audit change; this must be reflected during minutes and documentation. The individual nominated to undertake audit activity and timescale, will be documented within minutes/outcome summary also			

**3.2.2** In summary the annual audit of supervision in AB HB showed that the HB met all 17 standards set by the NMC. Eleven, 65% of standards were met with strong evidence, a further five, 29% of standards were demonstrated as being met with strong to moderate evidence and only one standard, 6% was measured as having moderate evidence. The SoM team had completed a self assessment prior to the audit visit and where they considered their evidence was less robust they identified appropriate improvement action to ensure the standard develops further in the coming year. This action planning supports the FPS SoMs to focus on what needs to be done as a matter of priority as the new model embeds.

Throughout the year the LSA has also conducted quarterly Pyramid visits as an extension to the audit process. The LSA MO was given free access to clinical areas of choice and was supported during the visit by an LSA lay reviewer. A specific interview schedule was pre prepared with the lay reviewer concentrating on the environment of care and seeking women's and families' views whilst the LSA MO focused on discussions with staff, ward safety and record keeping and storage. On occasions the LSA team was joined by a SoM from the HB who was able to see the ward from a different perspective.

The LSA found this a very useful exercise and had access to many more women and midwives views than by doing a one off annual event. Notes were taken by each member of the team and at the end of the visit a de briefing took place to identify any areas of concern that needed to be highlighted to the ward manager or the HoM for immediate attention. A draft report was prepared by the LSA MO from the notes of the meeting and the debriefing session and then shared with the visiting team for factual accuracy. Once agreed the report was submitted to the HoM with areas of good practice and areas for development highlighted.

### **3.3 Notable and Innovative Practice with Areas for Development Identified from the Pyramid Visits**

#### **Quarter 1 Ward B4 Royal Gwent Hospital**

##### **Good Practice**

- Very high standard of information for women and families on very well designed and well kept notice boards
- A well ordered, clean, tidy and calm environment where staff demonstrated a high level of professionalism in their work and their approach to women was good.
- Staff I spoke to in the ward area were well informed about ward procedures, accessing policies and how to contact a SoM

##### **Areas for improvement**

- Record storage needs to be improved to ensure a consistently high standard especially when women have a complex obstetric history
- Consideration might be given to partners only staying with women if they so choose to support them during meal times.
- Staff of all grades need to be reminded of the importance of how women see them and to be mindful of their attitude when speaking to women in their care.

## **Quarter 2 Nevill Hall Hospital**

### **Good Practice**

- Lots of information boards and in particular the emphasis on pain relief, positioning and the acronym for encouraging normal labour in the pool room
- The Budding system at ward level; consideration should be given to rolling this out to the community.
- Women's responses in regard to the provision of care and the helpfulness of midwives and support staff

### **Areas for improvement**

- Storage of records trolley needed immediate action and drawn to the senior midwives attention on the day
- A review of midwives rotation patterns to ensure they are familiar with ward processes and performance
- Higher profile of supervision and how/why women may like to access a supervisor.
- Some general de-cluttering of corridors and walk ways and improvements to the day/breakfast room to make it a more inviting environment

**Quarter 3** was the annual audit visit which took place in Ysbyty Ystrad Fawr and therefore there was no separate Pyramid report

## **Quarter 4 B5 Royal Gwent Hospital**

### **Good Practice**

- The amount of information for women to support them with various elements and stages of pregnancy and birth
- Some excellent examples of sharing and promoting best practice with staff
- The deputy ward managers programme for aspiring leaders.

### **Areas for improvement**

- Notice boards for both women and staff need to be kept up to date and initiatives that have been set up need to be followed through
- Management may like to consider conducting a further audit around the environment of care in MDU and HDU in particular to see if the issues raised with the LSA are of concern to other women and therefore need to be addressed.
- The treatment room was unlocked and there was free access to syringes and needles if members of the public were so inclined.

#### 4 Aneurin Bevan Health Board Future Proofing Supervision Shadow/Hand Over Plan

<b>Issue</b>	<b>Action Required</b>	<b>By Who</b>	<b>By When</b>	<b>Progress/Outcomes</b>
Substantive role of FPS SoM	Backfilled and appropriate handover completed	All FPS SoMs		ABUHB – completed August 2014
Generic email to all SoMs	Requesting annotation of LSADB and completing as many ASR due within the next month or so	LSAMO JR	July 14	Done
Handover of SoM caseloads	LSADB appropriately annotated and 1:1 meetings arranged where required	All SoMs		ABUHB – completed 01.09.2014
Sharing existing resources	Letters re group supervision, posters etc.	JH, KR, JL		ABUHB – implemented 08.09.2014
Current SoM records	Devise local plans for centralising all paper SoM files, shred any files where midwife deceased or out of service great than 7year, Over 1 to 2years plan to scan and store electronically all paper files and destroy paper copies Plan to transfer all paper copies of SoM investigation material to the LSA over 1 to 2 years	All SoMs to FPS SoMs	31/8/14 and ongoing	ABUHB – ongoing
Current investigations	Close off all current investigations and learning activities. Handover to FPS SoMs if appropriate where learning is ongoing	All SoMs	31.7.14	3 remaining SoM investigations from pre-FPS completed (31.10.2014)
Final SoM meetings	To facilitate sharing of outstanding action from SoM action plan Identify any issues tom be taken forward by FPS SoM	All SoMs		ABUHB - Nil of note
Shadow SoM arrangements	Where progress is not as advanced each health Board will need to devise an interim shadow plan to enable hand over to take place in an appropriate time	All SoMs		ABUHB – N/A
Networking across Health Boards	To raise the profile of FPS SoMs and model, to begin relationship building in support of cross Health Board working	FPS SoMs working with current SoMs and SoMs in waiting		ABUHB – ongoing
Increasing visibility and raising the profile of the revised model	Walking the patch both in acute and community settings	FPS SoMs		ABUHB – ongoing

	FPS SoMs to ensure that At a Glance what's changing posters are displayed in all appropriate clinical places in acute and community settings			
Group Supervision sessions	Group supervision to be planned until March 2015 Midwives at all levels to be targeted to attend groups before ASR is due	FPS SoMs		ABUHB – ongoing
SoM notice boards	FPS SoMs to ensure all SoM notice boards reflect the new model and contain sufficient information on who the active SoMs are in each Health Board, how to contact a SoM and why a woman or midwife may wish to contact a SoM LSAMOs to work with SoMs to develop collage of FPS SoM pictures for board	FPS SoMs LSAMOs		ABUHB – ongoing
Template letters re change	Midwives LMEs for students	FPS SoM sub group LSAMO		Done
Innovation in SoM Practice	Update action plans for the innovation in practice for the following sub groups <ul style="list-style-type: none"> <li>• Student Midwives</li> <li>• Engaging with women</li> <li>• Profile of supervision</li> <li>• Use of Social Media</li> </ul>	FPS SoMs		ABUHB – ongoing
All Wales on call system	To go live from 4 <sup>th</sup> august 2014 All FPS SoMs to have tested the logging in and logging out process Posters to be printed and circulate FPS SoMs to ensure that the On Call posters are displayed in all appropriate clinical places plus other areas such as switchboard, GP practices, etc.	FPS SoMs	4.8.14	Done
		GF	31.7.14 28.7.14	Done
		FPS SoMs	1.8.14	
Annual leave plans	FPS SoMs to identify and share with the LSA currently booked leave to enable adequate cover to be put in place as needed	FPS SoMs /LSA	1.8.14	Done
SoM development plans	SoMs to work with the LSAMOs to identify further development needs so that adequate resources can be identified to support this	FPS SoMs/LSAMOs	30.9.14	Ongoing as part of Competency Tool by Dec 14
Regional Admin time	Admin hours needed to support SoMs	LSAMOs	4.8.14	In place North Wales appointed

	in local WG offices			Mid and SE in place
Succession planning	Revisit the FPS recruitment process and identify PoSoM needs for October 14	LSAMOs	17.9.14	In train applications to be with LSA by 14.1.15
LSA & SoM meetings	FPS SoMs no longer called FPS but become SoMs Plan weekly to monthly LSA meetings	FPS SoMs LSAMOs	4.8.14 31.7.14	Done
Active SoM in waiting development	Plan an awareness day for all active SoMs in waiting to enhance their understanding of the SoM in waiting role, the on call rota the revised role of the SoM in line with MRS etc.	LSAMOs and active SoMs	31.7.14	Done

## 5 Conclusion

As in previous years the AB HB SoM team have worked very hard to deliver supervision to a high standard consistently across the patch. The annual audit process is testament to their achievements in year. SoMs have also been noticeable in providing strong leadership and innovation in practice evidenced by their selection to attend the Royal College of Midwives international conference in Prague earlier this year to present their Top Ten Hits, a series of aide memoirs for midwives in relation to common midwifery practices which were identified as gaps in practice from supervisory investigations.

Whilst the transition to the FPS model has not been an easy one for some individuals everyone embraced the chance and supported colleagues who put themselves forward for the FPS model. The development of a good self assessment action plan for the annual audit of supervision, as well as the contributions the whole team have made to the shadowing and hand over plan has put the SoMs in the revised model in a strong position to drive further improvement forward in the coming months.

The LSA is grateful to all SoMs both past and present for their input and commitment to the delivery of statutory supervision and the contribution SoMs make to supporting midwives to support women. We believe the revised model of supervision in Wales, provided by a team of SoMs whose only role is supervision can only be for the better. Already we are seeing improved outcomes in the completion of investigations, increased compliance with the ASR process and achievements and have had much positive feedback from midwives, despite the fact that there was a degree of negativity from some about how successful the project would be.

We look forward to working with the current team of SoMs to further demonstrate that supervision is a valuable resource for the midwifery profession and really does add value to the existing governance structures.





## Appendix A

### Healthcare Inspectorate Wales LSA

#### Programme for Annual Audit of Standards for Supervision of Midwives

**Date:** Tuesday 14 January 2014

**Location:** Birth Centre, Ysbyty Ystrad Fawr, Ystrad Mynach

No.	Time	Activity
1	0930	Q3 Pyramid Visit by LSA audit team to verify evidence within the clinical environment
2	10.45	Coffee and arrival SoMs
3	11.00          11.20	<p>Introduction from the LSA review team</p> <p>LSA MO presentation to set out the purpose of the 13-14 audit process of supervision and the future direction of supervision set out by the NMC</p> <p>To be invited – Director of Nursing Head of Midwifery Contact SoM Local SoMs Administrative support for supervisors of midwives</p> <p>Overview presentation from local SoMs to include;</p> <ol style="list-style-type: none"> <li>1. Summary of progress in delivering operational plan 2013-2014</li> <li>2. Control measures for outstanding priority actions by end of quarter 4 to inform 2014-15 plan</li> <li>3. Examples of Good Practice and achievements of SoM team</li> <li>4. Examples of local profile of supervision</li> </ol>
4	12.30	Questions and Answers
7	12.45	<b>Lunch</b>
8	1330	LSA Review team to summarise findings and draft information for report
9	1430	Feedback to HoM and SoMs with overview of day and next steps
10	1500	1:1 HoM and Contact SoM to review Q3 Balance scorecard for specific issues

**List of Participants in the Annual Audit process – Aneurin Bevan HB**

**Director of Nursing** – Denise Llewellyn

**Head of Midwifery** – Deb Jackson

**Programme Manager/Admissions Tutor** – Fran Magness

**Senior Midwifery Manager/SoM** – Louise Taylor

**Senior Midwifery Manager/SoM** – Suzanne Hardacre

**Family Services Divisional Quality and Safety Lead Nurse/Midwife** – Debbie Pimbley

**Contact SoM** – Kerry Phillips

**Risk Co-ordinator** – Jayne Beasley

**Members of the SoM team**

**Secretarial support for SoM** – Kerry Jeffries

**Met by the LSA Team**

Midwives from across the birth center

Student Midwives

**Apologies:**

None known