

Annual LSA Audit & Handover Report

2013-2014

Abertawe Bro Morgannwg 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

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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 1st 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 4th 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 Abertawe Bro Morgannwg (AMBU) 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 88% (15) of the criteria for the seventeen standards measured were met with **STRONG** evidence and a further 12% (2) were met with **STRONG/MODERATE** evidence. The SoMs have identified areas for development but many actions relate to uncertainty around how the LSA and the Future Proofing Supervision (FPS) SoM team will maintain the currently strong position. There is a degree of inevitability in this, since the existing SoMs have not been so closely involved in devising the performance framework for taking supervision forward.

The ABMU 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 FPS, 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.

2 Introduction

- 2.1 It is expected that Supervisors of Midwives (SoMs) work to a common set of standards to empower midwives to practise safely and effectively and thereby enhance public protection. Each year the Local Supervising Authority (LSA) is required to submit a written annual report to the Nursing and Midwifery Council (NMC) to notify it about activities, key issues, good practice and trends affecting maternity services in its area. To inform this process the LSA Midwifery Officer (LSAMO) will undertake audits of maternity services within their area.
- 2.2 The process for the audit of the LSA standards takes a self/peer review approach against all NMC standards followed by an audit visit from the LSA team to verify evidence submitted against the 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 Abertawe Bro Morgannwg (ABMU) HB, took place on 8th 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 LSAMO, supported by newly qualified SoM, Martine Lloyd from Cardiff & Vale HB and Sam Howells 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 ABMU 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 9¹ 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 31st March 2014 ABMU Health Board employed 305 midwives and had 20 SoMs giving a ratio of 1:15 which is in line with the NMC standard.

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

In the audit year two SoMs in ABMU HB de selected from the SoM role and two took a period of leave of absence. The main reason given for leave of absence was the pressures of the substantive role and the need to improve their home/work life balance. There were also two new appointments of SoMs in year. Many other SoMs had indicated a wish to de-select but the LSA MO, the HoM and the SoM team worked closely together to manage the increasing pressures and encouraged SoMs to remain in the role whilst awaiting the transition to the new model.

The LSA continued to support the ongoing development of SoMs (Rule 8²) 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 10³. 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.

¹ NMC Midwives rules and standards (2012)

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

³ 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 9⁴ 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). ABMU 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 98% across the audit year. This is a great achievement which improved over each quarter with quarters three and four reporting 99%.

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 whether 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). SoMs in ABMU were very fortunate to have a dedicated SoM secretary who was very efficient and effective in her role. The LSA would like to extend its thanks to Pat for her tireless support of supervision over the years.

ABMU 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 mainly positive with the on call SoM responding within a range of 12 – 26mins in office hours and nine minutes out of hours. There was a technical glitch on one phone line owing to sickness but as soon as this was identified it was put right.

The LSA MO attended 60% of ABMU HB bi 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.

⁴ 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

ABMU 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 ABMU 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 NMC Midwives rules and standards. SoMs in ABMU HB decided to manage the additional caseload by identifying a specific SoM for these registrants. This not only made the workload manageable for SoMs but also ensured equity of supervision standards for a group of professionals who may have otherwise found themselves isolated from the midwifery profession and enabled the SoM to benchmark each practitioner's activity against the other.

3.2 Involving service users in supervision

The ABMU HB has an 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 has previously 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 ABMU HB.

The LSA lay reviewers also engaged with women who were using the services of ABMU HB during each of the Pyramid visits. It was disappointing to find, throughout the year as in other HB, 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 ABMU HB SoMs supported the LSA in contacting the Community Health Council for ABMU 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 Abertawe Bromorganwg 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. STRONG	All SoMs sent results of the 2013 supervision audit to enable them to take any appropriate action. <ul style="list-style-type: none"> Analyse the data from the ongoing present audit to identify any areas for improvement and make appropriate action plans. Feedback not only negative aspects but positive ones as well. Complete revised Delivering Friends & Family Policy. 	9	Regular meetings of SoMs are convened to share information and proceedings are recorded STRONG	<ul style="list-style-type: none"> Any residual actions from the SoM Operational Plan and the action plan from the 2012/2013 supervisory annual reviews have been taken forward onto the SoM team competency tool, so that there is now 1 comprehensive supervisory work plan. SoM meeting planners have been sent out to all SoMs for 2014, although with effect from 1st April 2014, SoM meetings in the present format will cease due to FPS new model. CPD Lead to attend SoM on 30/01/14.
2	Confidential supervisory activities are undertaken in a room that ensures privacy. STRONG	Need for discussion with LSA MO and HoM regarding future local base for SoMs within the new supervisory structure.	10	Effective mechanisms are in place to ensure that every SoM receives information disseminated by statutory bodies STRONG	No new planned action
3	SoMs participate in developing policies and evidence-based guidelines for clinical practice. STRONG	Prior to the introduction of the new model of supervision, an action plan will be formulated to ensure SoMs continue to be involved and participate in developing policies and evidence based guidelines for clinical practice, and that SoM representation is safeguarded on all relevant forums and committees.	11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies. STRONG	Prior to the introduction of the new FPS model, discussion needs to take place with the LSA MO to ensure that this standard can be maintained and to overcome any practical restraints due to the intended reduction in the number of SoMs.
4	All midwives have access to documentation of local guidelines and policies in electronic or hard copy. STRONG	Devise flowchart so all midwives are aware when new policies, protocols and guidelines have been introduced, or where existing local policies, protocols and guidelines are updated or revised	12	An interface between supervision & risk management is evident in the investigation of critical incidents STRONG	Prior to the introduction of the FPS model, discussion needs to take place with the LSA MO to ensure that this standard can be maintained and to overcome any practical restraints due to the intended reduction in the number of SoMs

5	Midwives are provided with/ attend skills & drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations STRONG/MODERATE	<ul style="list-style-type: none"> • Liaise with CPD Leads and secretarial support to ensure that there is uniformity in the numbers attending each skills day. • Ensure that optimum use is made of the free places on the NLS study days in 2014. 	13	Outcomes of investigations of critical incidents are disseminated to inform practice STRONG	<ul style="list-style-type: none"> • Prior to the introduction of the new FPS model, discussion needs to take place with the LSA MO to ensure that this standard can be maintained and to overcome any practical restraints due to the intended reduction in the number of SoMs. • Complete the perineal suturing assessment for all relevant midwives.
6 7	SoMs retain records of Supervisory activities Supervisory records are maintained and stored in a secure way STRONG x 2	<ul style="list-style-type: none"> • During the last SoM meeting in November 2013, SoMs were advised to start cleansing supervisory files with SoM secretary. • SoM secretary has started to go through paper files of leavers stored in Singleton SoM office. 	14	Audit of record keeping of each midwife's records takes place annually. STRONG	<ul style="list-style-type: none"> • Need to devise a summary sheet from results of the 2013/2014 record audit. • Send summary sheets to all SoMs for discussion with supervisees at the ASR. • Develop an action plan from the results. • Disseminate the results of the current audit to all members of staff including Drs. • Liaise with the Clinical Director re any relevant action points for Drs
			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 STRONG	<ul style="list-style-type: none"> • Liaise with ward 18 manager re having a supervisory notice board to inform women on supervision and how to contact a SoM. • As provision of information for women regarding statutory supervision is part of the SoM team competency tool (T6) and 2 SoMs have been identified to lead on further developments in this area, there is a need to ensure that appropriate action is taken
8	Support is provided for SoMs in their administrative tasks in line with LSA funding STRONG	Need for more clarity from LSA MO regarding the future arrangements for administration, as there will be no dedicated administration support for SoMs at a local level under the new FPS model	16	SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety. STRONG	<ul style="list-style-type: none"> • Introduce the Antenatal CTG sticker • SoMs to monitor compliance with the ELFH fetal monitoring training and assessment programme. • To continue to monitor compliance with both CTG stickers
17	SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services. STRONG/MODERATE	<ul style="list-style-type: none"> • Pilot the use of the SAT NAV's. • All community midwives to report to the Birth Centre when they are going out on call and when they return. 	All community midwives to be informed that they can go to their nearest hospital and request a taxi to take them to a home birth if needed.		

3.2.2 In summary the annual audit of supervision in ABMU HB showed that the Health Board met all 17 standards set by the NMC. Fifteen, 88% of standards were met with strong evidence and a further two, 12% of standards, were demonstrated as being met with strong to moderate evidence. The SoM team had completed a self assessment prior to the audit visit and where they considered their evidence could be developed identified appropriate improvement action to strengthen the standard in the coming year. The 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 a 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 debriefing 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 and Areas for Development from Pyramid Visits

Quarter 1 Singleton Hospital Swansea Ward 18

Good Practice

- All notice boards were informative, tidy, relevant and up to date
- Sharing ward progress against targets whether good or less good demonstrates openness and transparency for women and members of the public
- A very well ordered, clean, tidy and calm environment where staff demonstrated a high level of professionalism in their work

Areas for Development

- A confidential area to discuss personal information with women who are in a shared ward
- Record storage standards to be reviewed and addressed even during high levels of activity
- A notice board that advertises statutory supervision, how and why a woman may contact a SoM.

Quarter 2 Princess of Wales Hospital Bridgend Antenatal/Postnatal Ward

Good Practice

- Information boards for women and families although consideration might be given to the location.
- The friends and family survey conducted by the patient experience office
- The sharing of the 'I promise' DVD and high levels of compliance
- Women's views of their care were very positive and they all felt that they had been consulted on choices if appropriate and kept well informed.

Areas for improvement

- A general de-clutter of the ward corridors to free up space and remove potential hazards
- Some updating and modernising of the waiting area with particular attention to monitoring and addressing long waiting times
- Consideration to locked boxes at the bedside to store records and free space
- How midwives' rotation could be managed to improve knowledge of ward areas and enhance continuity of care.

Quarter 3 was the annual audit visit which took place in Singleton Hospital and therefore there was no separate Pyramid report

Quarter 4 Singleton Hospital Swansea Ward 19

Good Practice

- Record management and storage concerns on ward 18 addressed from previous visit
- A clean and friendly environment of care with some great examples of information for women and families
- Staff embracing change that could and should enhance the woman's experience of admission and birth

Areas for improvement

- An audit of the levels of IV antibiotic use for babies on the postnatal ward should be undertaken including how it impacts on workloads; staff knowledge and skills may also need to be reviewed and updated.
- Some of the complex information on public notice boards needs to be updated so that information is relevant and current.
- The Future Proofing SoMs will have a job to do in raising the visibility of supervision at ward level, ensure there is adequate and relevant information available to women and families on how and why to contact a SoM and to support midwives in understanding and adapting to the revised model of supervision so that it is not seen as a lesser provision.

4 Abertawe Bro Morgannwg Health Board Future Proofing Supervision Shadow/Hand Over Plan

Issue	Action Required	By Who	By When	Progress/Outcomes
Substantive role of FPS SoM	Backfilled and appropriate handover completed	All FPS SoMs		All completed
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	Sent August 2014
Handover of SoM caseloads	LSADB appropriately annotated and 1:1 meetings arranged where required	All SoMs		Still few outstanding. Email to all past SoMs sent October 17 th .
Sharing existing resources	Letters re group supervision, posters etc.	JH, KR, JL		Shared
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	Ongoing, no communication at present, will confirm if there are any records to store
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	Handover completed
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		Final meeting in July 2014
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		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		SoM working in 2 Health Boards.
Increasing visibility and raising the profile of the revised model	Walking the patch both in acute and community settings	FPS SoMs		Visibility in all settings

	FPS SoMs to ensure that At a Glance what's changing posters are displayed in all appropriate clinical places in acute and community settings			Notice boards are work in progress.
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		Sessions have started and are booked until the end of March.
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		Attended senior midwives meeting Telephone numbers and on call info available on all sites Photos of team displayed in all areas.
Template letters re change	Midwives LMEs for students	FPS SoM sub group LSAMO		Meeting LME in October
Innovation in SoM Practice	Update action plans for the innovation in practice for the following sub groups <ul style="list-style-type: none"> • Student Midwives • Engaging with women • Profile of supervision • Use of Social Media 	FPS SoMs		WSE and KE gave a brief talk on new model of supervision in Student Midwife Collegiate Day in Swansea University.
All Wales on call system	To go live from 4 th 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 GF FPS SoMs	4.8.14 31.7.14 28.7.14 1.8.14	Done Done
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	1.8.14	Done
Regional Admin time	Admin hours needed to support SoMs	LSAMOs	4.8.14	North Wales, Mid and SE appointed

	in local WG offices			
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	Contact from 2 SoM's in waiting and shared their action plan

5 Conclusion

As in previous years the ABMU HB SoM team have worked hard to deliver supervision to a high standard.

Whilst the transition to the FPS model has not been an easy one for some individuals everyone embraced the change and supported colleagues who put themselves forward for the FPS model. The development of a 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: Wednesday 8 January 2014
Location: Singleton Hospital, Swansea

No.	Time	Activity
1	0900	Arrival & Coffee
2	0930	Introduction from the LSA review team 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 To be invited – Director of Nursing Head of Midwifery Contact SoM Local SoMs Administrative support for supervisors of midwives
3	0945	45 minute overview presentation from local SoMs to include; 1. Summary of progress in delivering operational plan 2013-2014 2. Control measures for outstanding priority actions by end of quarter 4 to inform 2014-15 plan 3. Examples of Good Practice and achievements of SoM team 4. Examples of local profile of supervision
4	1030	15 min Questions and Answers
5		Break
6	1100	Q3 Pyramid Visit and LSA Listening clinical to verify evidence within the clinical environment
7	1300	Lunch
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 – Abertawe Bro Morannwg HB

Director of Nursing – Chris Williams

Head of Midwifery – Cathy Dowling

SoMs:

Gwynneth Singh, Contact SoM,

Wendy Sunderland-Evans, Karen Evans, Dawn Apsee, Jayne Cockwell, Kath Thomas,

Caroline Penhallurick, Liz Rees, Sara Morgan

Secretarial support for SoM – Pat Beresford

Met by the LSA Team

Midwives in clinical areas visited

Student Midwives

Service users

Doctors

Apologies:

None known