



Annual LSA Audit Report 2016-2017

Powys Teaching Health Board

Local Supervising Authority Audit Report

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Contents	Page
Contents	Page..... 3
1 Introduction.....	4
2 The Standards for Supervision.....	4
3 Local Supervising Authority Audit Aims	5
4 Methodology	5
5 Audit Process	5
• Review of evidence submitted in line with an assessment of compliance against the Midwives Rules and Standards (NMC 2012) including a review of action plan to achieve the LSA recommendations following the 2015/16 audit visit	5
6 Local Supervising Authority Annual Audit Visit.....	6
7 Assessment of Compliance against the Midwives Rules and Standards (NMC 2012)	7
8 Lay Auditor Findings	18
9 Summary of Recommendations	22
10 Monitoring	25
11 Conclusion	26
12 Appendices	27
Appendix 12.1 – Programme	27
Appendix 12.2 – LSA Questionnaire.....	29
Appendix 12.3 – Lay reviewer Questionnaire	47

1 Introduction

The Nursing and Midwifery Council (NMC) set the rules and standards for the function of the Local Supervising Authorities (LSA) and the supervision of midwives. The Local Supervising Authority Midwifery Officer (LSAMO) is professionally accountable to the Nursing and Midwifery Council. The function of the LSAMO is to ensure that statutory supervision of midwives is in place to ensure that safe and high quality midwifery care is provided to women.

Supervisors of Midwives are appointed by the LSA whose function sits within Health Inspectorate Wales. The main responsibility of the LSA is to protect the public by monitoring the quality of midwifery practice through the mechanism of statutory supervision for midwives. The LSA will appoint a LSAMO to carry out the functions of the LSA.

All practising midwives in the United Kingdom are required to have a named Supervisor of Midwives. A Supervisor of Midwives is a midwife who has been qualified for at least three years and has undertaken a preparation course in midwifery supervision (Rule 8, NMC 2012). Each supervisor oversees approximately 15 midwives and is someone that midwives may go to for advice, guidance and support. The Supervisor of Midwives will monitor care by meeting with each midwife annually, (Rule 9, NMC 2012) auditing the midwives' record keeping and investigating any reports of problems/concerns in practice. They are also responsible for investigating any serious incidents and reporting them to the LSA MO (Rule 10, NMC 2012).

Rule 7 of the *Midwives Rules and Standards* (NMC 2012) requires the LSAMO to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met. The annual audit informs the Local Supervising Authority annual report to the NMC (Rule 13).

2 The Standards for Supervision

1. Supervisors of Midwives are available to offer guidance and support to women accessing a maternity service that is evidence based in the provision of women centred care.
2. Supervisors of Midwives are directly accountable to the Local Supervising Authority for all matters relating to the statutory supervision of midwives and a local framework exists to support the statutory function.
3. Supervisors of Midwives provide professional leadership and nurture potential leaders.
4. Supervisors of Midwives are approachable and accessible to midwives to support them in their practice.
5. Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery.

Midwives rules and standards (NMC, 2012)

3 Local Supervising Authority Audit Aims

The purpose of the 2016 -17 annual audit is:

- To confirm the recommendations of the previous audit have been met
- To confirm that SoMs are delivering the function of supervision in each health board to NMC standards
- To ensure that there are relevant systems and processes in place for the safety of mothers and babies
- To review the impact of supervision on midwifery practice
- To make suggestions for further development and continuous improvement
- To ensure that midwifery practice is evidence based and responsive to the needs of women
- To assess and develop the understanding of participants knowledge of the changes to statutory supervision.

The audit findings from across Wales will inform the direction of travel to support midwives when the legislative changes are made to exit from statutory supervision in 2017.

4 Methodology

The process for the audit of the LSA standards uses verification of evidence by the LSA audit team. Self review in the form of a presentation will be presented to the review team to include success and challenges. Self-review is recognised as a powerful tool that stimulates professional development and creates awareness of personal accountability.

A pre audit evidence review will be completed by the review team including peer review of the compliance of the individual supervisor of midwives to the LSA investigation process.

In this final year of the LSA auditing of statutory supervision the approach used is focussed on the core statutory role as described in the Midwives Rules and Standards.

5 Audit Process

For 2016/17 the audit process comprised of these elements:

- Review of evidence submitted in line with an assessment of compliance against the Midwives Rules and Standards (NMC 2012) including a review of action plan to achieve the LSA recommendations following the 2015/16 audit visit
- Audit visit including questioning of midwives and women.

6 Local Supervising Authority Annual Audit Visit

The LSA annual audit visit was undertaken on the 13th October 2016 by Lindsey Hilldrup, LSA Midwifery Officer and supported by, Lynne Smith Hurley, Peer Supervisor of Midwives (SOM), Alison Jones, Peer Supervisor of Midwives (SoM) and lay Representative Diana Milne.

The Powys Teaching Health Board supervision team consisted of Rhian Boase the outgoing SoM and Sue Rees, recently appointed SoM for the Health Board. There were 46 midwives in post in Powys Teaching Health Board at the end of Quarter one and 0.4 whole time equivalent (wte) SoM. This calculates as one SoM to 11 midwives, which is within the required ratio set by the NMC of one SoM to 15 midwives.

The active SOM has a caseload of midwives and take part in providing 24 hour supervisory advice and support via the All Wales on call rota.

The outgoing SOM has contributed to collating evidence and the development of the presentation at the audit visit. This encompassed the teams, achievements and challenges across the year 2015/16.

7 Assessment of Compliance against the Midwives Rules and Standards (NMC 2012)

Rule 4 Notifications by Local Supervising Authority	
<p>Rule</p> <p>(1) Each local supervising authority in Wales, Scotland or Northern Ireland must publish:</p> <ul style="list-style-type: none"> (a) the name and address of its midwifery officer to whom a notice under Rule 3(2) or (3) is to be submitted; (b) the date by which a midwife must give notice under Rule 3(3). <p>(1A) The local supervising authority in England must publish:</p> <ul style="list-style-type: none"> (a) the name and address of each of its midwifery officers to one of whom a notice under rule 3(2) or (3) is to be submitted; (b) the date by which a midwife must give notice under rule 3(3). <p>(2) Each local supervising authority must inform the Council, in such form and at such frequency as requested by the Council, of any notice given to it under Rule 3.</p> <p>LSA standard</p> <p>1 In order to meet the statutory requirements for the supervision of midwives, a local supervising authority must ensure that:</p> <ul style="list-style-type: none"> 1.1 Intention to practise notifications are sent to the NMC by the annual submission date specified by the Council. 1.2 Intention to practise notifications received after the annual submission date are sent to the NMC as soon as reasonably practicable. 	
LSA Expectation	Evidence and Audit Findings
<p>Personalised ITP notification forms would have been sent to all midwives whose name appears on the effective register as of 31st March 2015. Midwives to be eligible to submit an ITP notification must have effective registration on the midwives' part of the NMC register and be intending to practise midwifery.</p> <p>Before the ITP is signed the named SoM must have carried out an assessment of the midwife's compliance with the NMC's requirements to maintain midwifery registration and must confirm that they are eligible to practise as a midwife. The named SoM must document the evidence they have reviewed for each midwife detailing how they meet the NMC PREP requirements of 35 hours learning activity (CPD) and 450 hours of</p>	<p>All midwives were found to have submitted their Intention to Practice (ItP) form to a supervisor and were eligible to practice on the NMC register.</p> <p>The SoM could articulate a clear and robust process for the submission of ItPs.</p> <p>The SOM ensures that midwives are Revalidation standard compliant prior to signing their ItP by referring to their individual annual review records which contains information regarding their CPD and practice hours.</p> <p>100% of midwives had an annual review in the preceding 12 months prior to the audit which is compliant with the requirement for 100% of eligible midwives to have had an annual review.</p>

<p>registered practice in each 3 year Notification of Practice (NoP) cycle.</p> <p>SoMs should use the NMC Revalidation standards for guidance</p>	
Notable Practice	
<p>100% of midwives had an annual review in the preceding 12months</p> <p>100% compliant with ItP entries and deletions</p> <p>100% compliant with monthly ItP returns</p>	
Areas for improvement	
<ul style="list-style-type: none"> • N/A 	
Outcome	
Rule 4 Met	

Rule 6 Records

Rule

- (1) A midwife must, as soon as reasonably practicable, ensure that all records relating to the care or advice given to a woman or care given to a baby are, following their discharge from that care:
 - (a) transferred to the midwife's employer for safe storage; or
 - (b) stored safely by the midwife herself if she is self-employed: but if the midwife is unable to do this, transferred to the local supervising authority in respect of her main geographical area of practice for safe storage.
- (2) Where a midwife ceases to be registered with the Council, she must, as soon as reasonably practicable, ensure that all records relating to the care or advice given to a woman or care given to a baby are transferred for safe storage to the local supervising authority which was, prior to the cessation of her registration, the midwife's local supervising authority in respect of her main geographical area of practice.

LSA standard

- 1 A local supervising authority must publish local guidelines for the transfer of midwifery records from self-employed midwives which should include:
 - 1.1 When the records are to be transferred.
 - 1.2 To whom the records are to be transferred.
 - 1.3 Methods to ensure the safe transit of records.
 - 1.4 Documentation to record such a transfer.

Midwives standard

- 1 All records relating to the care of the woman or baby must be kept securely for 25 years. This includes work diaries if they contain clinical information.
- 2 Self-employed midwives should ensure women are able to access their records and should inform them of the location of their records if these are transferred to the local supervising authority.

LSA Expectation

Midwives have a responsibility to keep secure any records that contain person identifiable and/or clinical information (this includes work diaries).

SoMs must advise midwives working in self-employed practice of when they should transfer records to the LSA and make them aware of the LSAMO Forum UK policy Transfer of midwifery records for self-employed midwives.

Evidence and Audit Findings

All maternity records were found to be stored securely at the audit visit.

The organisational records policy includes details of the requirement to store maternity records for 25years.

There are currently no self employed midwives within the Health Board but the SoM was able to describe the process for self employed midwives records.

Notable Practice

Paper copies have been stored safely in preparation for transfer to HIW

Areas for improvement

- N/A

Outcome

Rule 6 Met

Rule 7 The Local Supervising Authority Midwifery Officer

Rule

(1) Each local supervising authority in Wales, Scotland or Northern Ireland must, in accordance with any standards set by the Council under article 43(3) of the Order, appoint a midwifery officer who satisfies the relevant qualifications and who shall be responsible for exercising its functions in relation to the supervision of midwives practising in its area.

(1A) The local supervising authority in England must, in accordance with any standards set by the Council under article 43(3) of the Order, appoint an adequate number of midwifery officers who satisfy the relevant qualifications and who are to be responsible for exercising its functions in relation to the supervision of midwives practising in its area.

(2) The relevant qualifications mentioned in paragraphs (1) and (1A) are that a midwifery officer must:

- (a) be a practising midwife; and
- (b) meet the requisite standards of experience and education for the role of a midwifery officer as set by the Council from time to time.

LSA standards

1 In order to discharge its supervisory function through the local supervising authority midwifery officer, the local supervising authority must:

- 1.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer.
- 1.2 Involve a NMC nominated person and an appropriately experienced midwife in the selection and appointment process.
- 1.3 Manage the performance of the appointed local supervising authority midwifery officer by regular (annual) appraisal and to ensure that they are exercising their role efficiently, effectively and in a way that secures the safety of midwifery practice in their area.
- 1.4 Provide sufficient resources to enable a local supervising authority midwifery officer to discharge the statutory supervisory function.

2 To ensure the requirements of the NMC are met, the local supervising authority must enable the local supervising authority midwifery officer to:

- 2.1 Using an appropriate framework, complete an annual audit of the supervision of midwives within its area.
- 2.2 Monitor the practice of supervisors of midwives as part of maintaining and improving the quality of the provision of statutory supervision of midwives.
- 2.3 Involve women who use the services of midwives in assuring the effectiveness of the supervision of midwives.

3 The role of the local supervising authority midwifery officer must not be delegated.

4 The local supervising authority midwifery officer must not act as a supervisor of midwives.

Guidance

- 1 The local supervising authority midwifery officer plays a pivotal role in clinical governance by ensuring the standards of supervision of midwives and midwifery practice meet those required by the NMC. Supervision of midwives is closely linked to clinical governance and should be integral to governance processes within the local supervising authority.
- 2 The local supervising authority midwifery officer should promote openness and transparency in exercising supervision over midwives. The role is impartial in that it does not represent the interests of any health service provider.
- 3 Women should be able to access the local supervising authority midwifery officer directly if they wish to discuss any aspect of their care that they do not feel has been addressed through other channels.
- 4 The local supervising authority midwifery officer should ensure that supervisors of midwives are available to offer guidance and support to women accessing maternity services and that these services respond to the needs of vulnerable women who may find accessing care more challenging.

LSA Expectation	Evidence and Audit Findings
<p>The SoM team will facilitate the LSAMO to complete an annual audit of supervision of midwives within its area.</p> <p>SoMs must involve and engage with women who use the services of midwives in assuring the effectiveness of supervision of midwives.</p> <p>SoMs must be available to offer guidance and support to women accessing maternity services. These services should respond to the needs of vulnerable women who may find accessing care more challenging.</p>	<p>The action plan from 2014/15 audit period has been reviewed and monitored at SOM meetings.</p> <p>The LSA annual audit conducted for practice year 2015/2016.</p> <p>There was evidence that progress had been made against the recommendations from the previous LSA audit.</p> <p>The audit team reviewed the health board website which included a range of welcoming information for women including when and how to call a SoM and links to a variety of useful information.</p> <p>The SOM engages well with the users of the service including vulnerable women who may find accessing care more challenging.</p>
Notable Practice	
<p>Rising awareness of SoMs by service users</p>	
Areas for improvement	
<p>Improve awareness amongst service users of when to call a SoM</p>	
Outcome	
<p>Rule 7 Met</p>	

Rule 8 Supervisors of Midwives

Rule

- (1) A local supervising authority must appoint what the Council considers to be an adequate number of supervisors of midwives to exercise supervision over midwives practising in its area.
- (2) A supervisor of midwives must:
 - (a) be a practising midwife; and
 - (b) meet the requisite standards of experience and education for the role of supervisor of midwives as set by the Council from time to time.
- (3) Following her appointment, a supervisor of midwives must complete such periods of relevant learning relating to the supervision of midwives as the Council shall from time to time require.

LSA standards

- 1 Supervisors of midwives are appointed by and are accountable to the local supervising authority for all matters relating to the statutory supervision of midwives. The local supervising authority must:
 - 1.1 Publish a policy setting out its criteria and procedures for the appointment of any new supervisor of midwives in its area.
 - 1.2 Maintain a current list of supervisors of midwives in its area.
 - 1.3 Ensure provision of a minimum of six hours continuing professional development per practice year.
- 2 To be appointed for the first time as a supervisor of midwives, a midwife must:
 - 2.1 Have a minimum of three years' experience as a practising midwife. At least one of which must have been in the two-year period immediately preceding the first date of appointment⁴.
- 3 She must also have either:
 - 3.1 Successfully completed an approved programme of education for the preparation of supervisors of midwives within the three-year period immediately preceding the first date of appointment; or
 - 3.2 Where it is more than three but less than five years that have passed since she successfully completed an approved programme of education for the preparation of supervisors of midwives, complied with the continuing professional development requirements for supervisors of midwives referred to in paragraph 1.3.
- 4 For any subsequent appointment as a supervisor of midwives, she must be a practising midwife and:
 - 4.1 Have practised as a supervisor of midwives or a local supervising authority midwifery officer within the three-year period immediately preceding the subsequent date of appointment; or
 - 4.2 Where she has only practised as a supervisor of midwives or a local supervising authority midwifery officer within a period which is more than three years but less than five years immediately preceding the subsequent date of appointment, have also successfully complied with the continuing professional development requirements for supervisors of midwives referred to in paragraph 1.3.
- 5 A supervisor of midwives must be capable of meeting the competencies set out in Standards for the preparation and practice of supervisors of midwives (NMC 2006).

LSA Expectation

Student SoMs are adequately recruited and supported following successful completion of the Preparation of Supervisors of Midwives (POSOM) course.

Each SoM must demonstrate ability to achieve the competencies set out in the NMC (2012) Standards for the Preparation of Supervisors of midwives.

A current list of SoMs is available on the

Evidence and Audit Findings

Nomination, selection and appointment of SOMs occurs as per LSA guidance

The correct numbers of SoMs are appointed within the health board.

The SOM has completed the required Revalidation/CPDF activities.

The SOM ensures that all leaves of absence from the role and resignations have been communicated to the LSAMO.

<p>LSAdb and will be reported in the LSA audit report.</p>	<p>At the time of audit the appointed SOM list was accurate on the LSAdb.</p> <p>The SOM has self-assessed her competence to fulfil the role and has a plan to address any learning needs.</p>
<p>Notable Practice</p>	
<p>All SoM CPD is evidenced on the LSA database and is above the required minimum standard of 6 hours per annum</p> <p>Despite the huge geographical area, the SoM has ensured she has maintained her accessibility and visibility across the health board</p>	
<p>Areas for improvement</p>	
<p>To continue to ensure visibility and accessibility is maintained with incoming SoM</p>	
<p>Outcome</p>	
<p>Rule 8 Met</p>	

Rule 9 Local Supervising Authority's Responsibilities for Supervision of Midwives

Rule

A local supervising authority must ensure that:

- (a) each practising midwife within its area has a named supervisor of midwives from among the supervisors of midwives appointed by the local supervising authority in respect of her main geographical area of practice;
- (b) at least once a year, a supervisor of midwives meets each midwife for whom she is the named supervisor of midwives to review the midwife's practice and to identify her education needs;
- (c) all supervisors of midwives within its area maintain records of their supervisory activities, including any meeting with a midwife; and
- (d) all practising midwives within its area have 24-hour access to a supervisor of midwives whether that is the midwife's named supervisor or another supervisor of midwives.

LSA standards

1 A local supervising authority must:

1.1 Ensure that a local framework exists to provide:

1.1.1 Equitable, effective supervision for all midwives working within the local supervising authority.

1.1.2 Support for student midwives to enable them to have access to a supervisor of midwives.

1.2 Ensure the ratio of supervisor of midwives to midwives reflects local need and circumstances and does not compromise the safety of women. This ratio will not normally exceed 1:15.

1.3 Put in place a strategy to enable effective communication between all supervisors of midwives. This should include communication with supervisors in other local supervising authorities.

1.4 Monitor and ensure that adequate resources are provided to enable supervisors of midwives to fulfil their role.

1.5 Publish guidelines to ensure consistency in the approach taken by supervisors of midwives in their area to the annual review of a midwife's practice. These must include that the supervisor undertakes an assessment of the midwife's compliance with the requirements to maintain midwifery registration. 1.6 Ensure the availability of local systems to enable supervisors of midwives to maintain and securely store records of all their supervisory activities.

LSA Expectations	Evidence and Audit Findings
There is a local framework for supervision.	The SoM team are available and accessible 24hours per day via an All Wales on call system.
All student midwives must have access to a SoM and there should be local systems for this.	The 24 hour on call number is visible in the clinical areas and information is available to support midwives in their decision making when considering the calling of a SoM.
SoM ratio remains within the recommended ration of one SoM to15 midwives.	Details of how to contact a SOM is on the Health Board website.
Resources for supervision should be reviewed at every SoM meeting.	The SoM was able to evidence 75% attendance at local SoM meetings.
Annual reviews are based on LSAMO Forum UK policy.	Every midwife has a named supervisor of midwives which was evidenced by the LSAdB
Local systems have been developed to ensure that SoMs have safe storage	

<p>systems of any supervisory records.</p>	<p>Student midwives have a named SOM allocated to them and their cohort and the SoM is involved in teaching them about supervision in the clinical area. The University also teaches the students about supervision as part of their academic component. Student midwives are aware of how to contact both their own and an on-call SoM if required</p> <p>The overall SOM to midwife ratio is 1:11 which is inside the recommended ratio of 1:15.</p> <p>There are equitable caseloads across Wales.</p> <p>All annual reviews are undertaken in line with the LSAMO Forum UK Policy and this was confirmed by a spot check on the LSA database.</p> <p>Supervisory records are stored Securely, on the LSADB or on the Welsh Government i-share system. Hard copies are secured in a locked office.</p>
Notable Practice	
<p>Robust process for managing ASR and group supervision in a broad geographical area</p> <p>100% ASR compliance</p>	
Areas for improvement	
<p>The health board website had limited information for women about when to contact a Supervisor of Midwives</p> <p>There was no link on the website to the All Wales ‘Delivering for You’ leaflet</p> <p>Raise the awareness of the on call number by all switchboards within the community hospitals</p>	
Outcome	
Rule 9 Met	

Rule 10 Publication of Local Supervising Authority Procedures

Rule

Each local supervising authority must publish its procedure for:

- (a) reporting all adverse incidents relating to midwifery practice or allegations of impaired fitness to practise against practising midwives within its area;
- (b) investigating any reports made under paragraph (a); and
- (c) dealing with complaints or allegations of impaired fitness to practise against its midwifery officer or supervisors of midwives within its area.

Reporting adverse incidents, complaints or concerns relating to midwifery practice

LSA standard

1 Local supervising authorities must develop a system with employers of midwives and self-employed midwives to ensure that a local supervising authority midwifery officer is notified of all adverse incidents, complaints or concerns relating to midwifery practice or allegations of impaired fitness to practise against a midwife.

Supervisory investigations

LSA standard

1 Local supervising authorities must publish guidelines for investigating incidents, complaints or concerns relating to midwifery practice or allegations of impaired fitness to practise against a midwife. These guidelines must:

- 1.1 Provide for an open, transparent, fair and timely approach, which demonstrates robust decision making processes that stand up to external scrutiny.
- 1.2 Provide opportunity for the midwife to participate in the investigation.
- 1.3 Set out the required actions and possible outcomes following an investigation.
- 1.4 Provide for an appeals process.

LSA Expectation	Evidence and Audit Findings
There should be a record of all investigations undertaken, their outcomes and the time taken for them to be completed. There should be evidence of a regular review of the investigations and any emerging themes in midwifery practice.	The SoM has achieved compliance in most aspects apart from timeliness.
Service recommendations evolving from investigations should be escalated to the employer and monitored by the SoM team.	Supervisory investigations are performed in external health boards to reduce bias and optimise local support for the midwife. The SoM has achieved compliance in most aspects apart from timeliness.
There should be an effective, shared and transparent interface between supervision and clinical governance.	In the past year there has been 1 investigation undertaken by the SoM which involved 2 midwives in total. This investigation was completed beyond the recommended 60 days time frame.
The supervisory team are aware of all incidents and complaints which highlight concerns regarding midwifery practice occurring within the service. Serious Incidents are reported to the LSA. There is evidence of a systematic review of midwifery practice when required	There is a robust system for tracking investigations which is consistently used by all SoMs.
	Investigation findings are regularly discussed at SoM meetings so that trends can be identified and any learning implemented through practice change and action planning.

<p>There should be an effective, shared and transparent interface between supervision and clinical governance.</p>	<p>Any organisational recommendations that result from supervisory investigations are followed up with management.</p> <p>The SoM contributes to governance processes and regularly attends the Shire meetings whereby all adverse incidents are discussed. However, the SoM does not review the Datix reports herself but relies on the governance team to refer cases requiring review.</p> <p>There is an effective system for the SoM to be alerted of all maternity adverse incidents which allows timely review, completion of a 'decision making tool' when indicated and commencement of supervisory investigation. The LSA is involved in this process and has oversight of investigation reports and agrees any recommendations made for midwives as a result of a supervisory investigation.</p>
Notable Practice	
<p>Regular SoM attendance at shire meetings across the health board</p> <p>Investigation documents stored securely on Welsh Government systems</p>	
Outcome	
<p>Rule 10 Requires Improvement</p> <p>Improve timeliness of investigations in line with 60 day NMC guidance but this is recognised to be an All Wales issue</p> <p>Som should have access to Datix reports to enable anytime review of incidents</p>	

8 Lay Auditor Findings

The lay reviewer participated fully in the audit, including:

- Discussing service satisfaction and SoM awareness with service users on one site
- Observing the general clinical environment, and assessing the visibility of supervision in public areas
- Undertaking pre-audit research in respect of the health board's website information relating to supervision and the switch board awareness of the All Wales on-call number
- Review of the Bump Talk survey undertaken by the MSLC chair who was unable to attend the Audit meeting on the day
- Working with an external SoM to carry out interviews with:
 - A service user
 - Midwives - a range of experience
 - SoMs.

The lay reviewer participated fully in the audit visit, including:

- Interviewing midwives about their experiences of supervision
- Interviewing the outgoing SoM and her replacement about their roles
- Meeting with a service user and asking her about her experiences and reading through the service user feedback provided by the MSLC chair
- Visiting a birth centre and observing the clinical environment and whether adequate information was displayed for service users about supervision
- Carrying out pre-audit research into the accessibility of SoMs by checking the information given on the health board's website and calling hospitals within the health board to obtain the 24 hour on-call number.

Pre-audit checks on accessibility

Before the audit visit took place the lay reviewer made observations on the accessibility and accuracy of information about SoMs on the health board website and whether the correct on-call number was available at health board switchboards. Information is available about the role of the SoM on the Powys health board website in the maternity services section. The correct on-call number is displayed and the description of the SoM role is accurate, however it focuses mainly on the role of the SoM in relation to midwives. The lay reviewer felt there could have been more information for service users about how the SoM could support them and examples of when they may wish to contact a SoM. The lay reviewer could not find any link to the Delivering for You leaflet or the LSA HIW site on the website when they looked for it.

The lay reviewer made a pre-audit call to the switchboard at Brecon Hospital and asked for the 24-hour on-call number for the SOM. The correct number was given straight away. The lay reviewer also called Knighton Hospital to ask for the on-call number but was told to call Brecon Memorial Hospital as the switchboard operator did not have it.

Service user feedback

Before the audit visit took place the chair of the Powys Maternity Services Liaison Committee (MSLC) carried out a survey via its Bump Talk Facebook page in which it asked service users the following: Whether they had been happy with midwifery care they had received in Powys; if there was anything they were particularly happy about or thought could have been improved; whether they had any of their care outside Powys and if they knew who to go to for support if they had a problem with their midwife. The survey also asked respondents if they had heard of SoMs.

There were 51 respondents and 92 per cent of them said they were happy with the care they had received. Around 18 midwives were named specifically and some very positive comments made, including "My midwife delivered outstanding care throughout both my pregnancies. She led both me and my partner on amazing journeys that we are forever grateful for." Another described her midwife as "wonderful" and cited her "caring, insightful and practical advice and attitude. Twenty two per cent of the respondents said nothing could have been done better. One praised the support she had been given for her post-natal depression particularly the listening appointment and follow up. She described the midwife as "excellent" and said she helped her to be more aware of her mental health. Those that were unhappy with their care gave a range of reasons including: not having been able to access ultrasound equipment in the county; the need for better communication between hospitals; having seen several midwives during her pregnancy, and finding her files were in Knighton when she is based in Llandrindod Wells during her labour because the last midwife she saw was covering holidays. Several comments also highlighted frustration at having to go out of county for certain maternity services or not having had sufficient support locally. Some also complained of lack of continuity of care with one having seen more than four midwives during her pregnancy due to job. Two comments related specifically to facilities at Newtown birth centre. One said the facilities needed to be upgraded and the other called for a plumbed-in water birth pool rather than one that has to be filled up.

It was not possible to interview more than one service user during the actual audit visit. However, the woman that did speak to the lay reviewer was very satisfied with the care she had received so far. She felt she had been well cared for and her choices and care were explained to her clearly. She had not heard of supervision when asked if she understood the role of a SoM.

Observations on the clinical environment

The lay reviewer visited the birth centre at Brecon Memorial Hospital. The waiting area was clean and welcoming with plenty of information posters on the walls and leaflets in the waiting area. There is a quiet room to the side of the main waiting area, which provides a space in which scan results can be discussed in private. The pool room and neighbouring room for overnight stays were both clean and not overly clinical with homely touches to create a warmer environment.

Information about SoMs was displayed clearly on the wall. The information given was accurate, including the description of the role of the SoM and when they could be contacted. The all-Wales Delivering for You booklet was attached to the notice board. The correct all-Wales on call number was displayed.

Interviews with midwives during the audit visit

The lay reviewer interviewed three midwives, one of which was a senior, Band Seven midwife. All three had undergone an annual supervisory review within the past 12 months within group supervision sessions.

They were very positive about their experiences of taking part in group supervision describing it as having been a non-judgmental and supportive environment in which they all shared their experiences. They also appreciated taking part in sessions with midwives who had different levels of experience that they could tap into. None of the midwives had used the all-Wales on call number to contact the SOM, however, they said they found it reassuring to have it available as an option.

The midwives did have some concerns about supervision no longer being a statutory function under plans for the employer-led model. One said she liked the fact that SoMs were midwives themselves and that they understood the issues faced by midwives. She said managers would be primarily concerned with facts and figures and health board policy and may not necessarily see the bigger picture or understand the situations faced by midwives. However, one midwife said she did feel an employer led model for supervision would be moving in the right direction. She said she didn't think midwives should be subject to two separate investigative processes by the SOM then the LSA, as under the current system, and that supervision should be a more supportive and restorative role.

All three agreed that whatever new model what put in place it should be consistent across UK health boards.

The three midwives spoke highly of the SoM who has just completed her six months in the role at Powys describing her as "brilliant, non-judgmental and visible". They appreciated the fact that she had visited all the different birth centres regularly and was easily contactable via both her mobile phone and home landline. They said they had greatly benefited from the study days she organized for the midwives.

Interview with SoMs

Both the outgoing SoM (SoM A) and the new SoM (SoM B) who had recently taken over at Powys were interviewed by the lay reviewer.

As the audit focused on what had been achieved in the previous six months, it was primarily the outgoing SoM who responded to the questions. SoM A described how she has kept in regular contact with midwives about their annual supervisory reviews, emailing each one every 30 days and sending out invitations to group supervision sessions every four to six weeks. She has put up posters about the group supervision session in the birth centres and at least six participants have attended each group supervision session. The SoM said she felt the group supervision sessions had been very beneficial and that the midwives had shared and reflected on their experiences.

To help to reduce risk and support the midwives in learning from investigations she has attended clinical risk meetings and has ensured lessons are filtered down to her team.

In terms of the move to an employer led model for supervision, the SoMs said they felt supervision in its current form would be missed as they felt they acted as a "sounding board and buffer" for midwives. The success of the new model, said SoM A, would depend very much on the commitment of the head of midwifery towards supervision and whether they wanted to take it forward.

Overall the lay reviewer felt Powys was an example of where supervision had been

very successful. The midwives had established a strong working relationship with their SoM and had felt supported by her. She had managed to be accessible to the team, despite the geographical challenges posed by working in an area as big as Powys. There was positive feedback about group supervision and the fact that it provided an environment where midwives could share and learn from each other's experiences. Understandably there is apprehension about the forthcoming employer led model of supervision and a wish to somehow retain the supportive elements that SoMs are currently able to provide for midwives.

9 Summary of Recommendations

NMC Compliance

Unfortunately the Director of Nursing (DoN) was unable to attend the audit but was able to contribute to the audit process via email using the pre set audit questionnaire. Through this she felt assured that the LSA was able to discharge its function within the health board and through the establishment of effective relationships and challenging dialogue, the LSA was able to fulfil its role in the protection of women and babies. The DoN felt assured that the LSA was able to effectively raise and escalate concerns appropriately and felt that the current model of supervision supports midwives through peer review and group supervision. She would, therefore, would like to see this model of support replicated across the health board. She is confident in the support provided by the Head of Midwifery for supervision and is keen to ensure that the plans for transition, post statute are communicated well, particularly with midwives.

The Quality and Safety, Assistant Director for the Health Board expressed her view that the SoM team was well placed in the function of raising and escalating concerns appropriately. It was acknowledged that the challenges presented due to the large geographical area can potentially inhibit the visibility of the SoM but felt that the external review of cases during the investigation process was able to provide an extra level of assurance to the health board and was keen that this should continue once statutory supervision discontinues. It was felt that the current investigation process was very robust and she raised a concern that the increased transparency and objectivity of the current investigation process may be lost once statutory supervision ended early in 2017. It was hoped that the current timeliness of the investigation process would, however, improve, but felt confident that the SoM currently fits in well with the governance structure within the health board.

Another senior midwife felt that once the model of supervision changes, whereby the regulatory process will be employer led, this will ensure a more timely process as the current health board time frame for investigations is much shorter than the 60 day supervisory timeframe and this can inhibit timely restorative processes. She felt very confident that the health board would be able to lead any investigation process once the statutory function ceases and felt that any new model should incorporate an element of practice development alongside a supportive role for midwives.

The Women and Children's Directorate Manager in the absence of the Head of Midwifery, explained that she was confident that the LSA was able to fulfil its function and had confidence in the reporting procedure to the NMC. It was felt that the SoM had embraced the role and there is clear evidence that the SoM was valued for her efforts at maintaining visibility and accessibility as well as her skill at providing meaningful support in a non-judgemental way; a view that was shared by all the midwives who contributed on the day of the audit. It was clear that she had contributed to raising awareness of revalidation with midwives and made every effort to attend meetings in a variety of settings despite the challenges of geography.

The 2015-2016 audit report made the following recommendations for improvement

- To develop an action plan with senior midwives to ensure the ASR is provided in a meaningful way
- For the SoM and senior midwives to foster a culture of understanding of their complementary roles
- PTHB to consider allowing the SoM team to have access to the “Datix” system to have direct access to incidents to assess if midwifery practice falls below the expected standard
- Continue to develop close links with PTHB investigation process where appropriate, including incident reviews. This will support midwives and prevent duplication of process and partnership working with governance
- Improved access to SoM via health board switchboards
- Improved access to supervision leaflets for service users.

The ASR compliance was 100% and it was felt that the group supervision sessions were highly valued by all the midwives who contributed, including the senior midwives who valued the support they themselves received from the SoM when undertaking reflective discussions with midwives who were revalidating. Whilst the SoM ratio had been compliant over the last 6 months, it was felt by a number of midwives that due to the geography, the ratio should be increased to ensure continual access to a SoM. Despite this, however, it was generally felt that there had been a huge improvement in the visibility of the SoM and all the midwives were aware of how to contact her if required, using her mobile number or her home number as well as the 24 hour on call number.

There was a 99.9% attendance at mandatory training within the health board and a feeling that the SoM was able to support midwifery practice development. It was evident that the SoM contributed significantly to the governance processes but still did not have access to Datix reports and relied on the governance team to refer incidents, although the SoM regularly attends shire meetings to discuss individual cases but this can impact on the timeliness of supervisory review.

The work undertaken by the lay reviewer again highlighted the fact that not all of the local hospitals, other than Brecon were aware of the contact details for the 24 hour on call SoM. However, the Head of Midwifery has since advised that only Brecon Hospital has a 24 hour switchboard. The outlying hospitals do not have a switchboard and all calls are directed to Brecon Hospital from the receiving general wards. Once the call was directed to Brecon Hospital switchboard, the caller was directed to the on call number immediately.

The PTHB website was reviewed and provided information for midwives regarding accessing a SoM, but the information provided to women was limited in terms of advising them when to contact a SoM. There was no link to the All Wales ‘Delivering For You’ leaflet as advised in the previously audit although a hard copy was available in the birth centre on the day of the audit.

Overall there had been some improvement particularly in terms of visibility although some areas still require some improvement.

Of all the NMC standards that were audited, all were met apart from the investigation

process, due to the timeliness of the one investigation undertaken during this period. Concern was evident in relation to the timeliness of the supervisory investigation, particularly as it did not match the stricter health board guidance in relation to this. This was felt to have a negative effect on restoration as midwives needed to await the recommendations of the supervisory investigation. A view was expressed that the links between the health board and LSA Investigation recommendations could be improved although it was anticipated that this may be easier once investigations are managed by the health board post statute.

There is evidence that the SoM had a good interface with clinical governance in the Health Board with regular review of incidences at the 6 weekly Shire meetings attended by community midwives and senior management.

The audit team spoke to a senior member of the midwifery team who felt that the interface with supervision over the last 6 months had improved significantly. It was felt that the SoM was well placed within the Quality and Safety agenda with very robust processes in place to support this. This may be a reflection of the correct SoM ratio now in place to support this.

Midwifery Practice

During the audit visit the lay reviewer was able to speak to one service user who was very complementary of the care she had received although she had not been aware of Supervisor's of Midwives.

The MSLC Chair was unable to attend the audit but was able to provide a copy of a survey undertaken by herself.

The MSLC operates as a virtual organisation via a facebook page and therefore, there is no direct contact between the SoM and the MSLC. However, a recent survey undertaken by the MSLC, suggested that 35% (n=18) of respondents had heard of SoMs, which is an improvement from the previous audit where it was suggested by the MSLC Chair that women's knowledge of SoMs was poor. However, only 10% of respondents (n=5) were aware of the opportunity to speak to a SoM for advice or support if required. This suggests that there is still some way to go, in ensuring women understand what a SoM can actually do to support them.

92% of respondents stated that they were happy with the care they had received, describing this as being, 'outstanding', 'wonderful', 'practical' and 'insightful'.

22% felt that no improvement could be made and of those who expressed how improvements could be made, this focused more on organisational issues rather than midwifery practice.

Organisational

Continuity of care was mentioned by one woman, citing having seen 4 different midwives throughout her pregnancy but it was noted to have been an exception.

The pool used in Newtown was commented on by two women who noted it as not being plumbed in and causing a delay whilst waiting for it to be 'filled up'.

The clinical environment in Brecon Birth Centre was found to be clean and welcoming with room for privacy and a positive, non clinical environment was

acknowledged.

There was some degree of knowledge regarding the future of supervision once statutory supervision ends in 2017. Some midwives expressed some genuine concerns regarding the level of support they may receive from the management team who it was felt may have different priorities. There was limited knowledge regarding the plan for support post statute indicating a need to ensure a communication plan is arranged to provide reassurance to midwives during the transition period. This was a view of the senior midwives who contributed.

10 Monitoring

An action plan is required to be submitted to the LSA within 6 weeks of receiving this report and recommendations. If there are any areas that are 'not met' the action plan for these should be updated quarterly and submitted to the LSA to appraise them of progress.

After the removal of statute planned for March 2017 the monitoring of the action plan will be handed over to the Head of Midwifery in Powys, Mrs Cate Langley.

The following areas of good practice were identified by the LSA Audit team:

- The SoM has significantly increased her visibility and accessibility despite the challenging geography
- SoM support for midwives undertaking reflective discussions with midwives
- Value placed on personal attributes of SoM, being supportive, approachable and non-judgemental
- Strong interface within the governance framework
- Attendance at group supervision sessions despite wide geographical area
- Support for student midwives.

The following recommendations have been highlighted by the LSA Audit team as areas of improvement:

- The recent change in SoM has the potential to impact on the improvements made to visibility and accessibility as she is not employed by PTHB
- Access to Datix reports for the SoM would enhance existing governance processes, although the incoming SoM, whilst she is an NHS employee, is not currently an employee of the health board which inhibits the incoming SoM having access
- Improved timeliness of investigations in line with the recommended NMC guidance of 60 days
- Improved partnership working regarding restoration programmes for midwives following investigation
- The Health Board website to be updated to include information for women about when to call a SoM and a link to the All Wales 'Delivering For You' leaflet
- SoM team to begin the process of communicating to midwives the plan for a new model of supervision for reassurance.

11 Conclusion

The LSA remains grateful to all SoMs both past and present for their input and commitment to the delivery of statutory supervision and the contribution they make in supporting midwives to support women.

The LSA would also like to extend their thanks to Sue Jose, who is stepping down from her position as LSAMO in October 2016 and would like to welcome Lindsey Hilldrup who will take over her position.

Without doubt, the biggest challenge to the provision of statutory supervision across the UK in the past 12 months has been to sustain the momentum and commitment to the role whilst the NMC legislative change takes effect. However, the LSA and Taskforce in Wales remain in position to lead the way forward with a new model for supervision, building on current successes and national support to maintain excellence in clinical practice.

12 Appendices

Appendix 12.1 – Programme

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives
Powys Teaching Health Board

Date 13th October 2016

Location: Jack's Room, Children's Centre, Brecon Hospital LD3 7NS

LSA Review Team:

Lindsey Hilldrup, Local Supervisory Authority Midwifery Officer (LSA MO)

Alison Jones (SoM)

Lynn Smith-Hurley (SoM)

Diana Milne, Lay reviewer.

Day 1		
No.	Time	Activity
1	09.15	Arrival & Coffee
2	09:30	<p>Introduction from the LSA review team</p> <p>LSA MO presentation to set out the purpose of the 16-17 audit process of supervision and the future direction of supervision set out by the NMC</p> <p>Director of Nursing Medical Director Assistant Director for Quality and safety Women and Children's Directorate Manager Head of Midwifery Senior Midwives Practice Development Midwife MSLC Chair Midwives</p>
3	09:50	<p>15 minute overview presentation and storyboard from local SoMs to include:</p> <ol style="list-style-type: none"> Summary of progress in delivering KPIs for 2016-17 Examples of Good Practice and achievements of local SoM team Examples of learning the lessons / closing the loop from supervision investigations <p>15 min Questions and Answers</p>
4	10:15	<p>Team 1: HoM Cate Langley</p> <p>Team 2: Women and Children's Directorate Manager- Julie Richards</p>
5	10:45	Break

6	11:00	Team 1: Helen Hayes , Clinical Director Team 2: MSLC Chair. Lindsey Phillips
7	11:20	Team 1: Quality and safety, Assistant Director - Wendy Morgan Team 2: Senior Midwives - Dr Marie Lewis
8	11:40	Midwives (Band 7's)
9	12.00	Midwives (all)
10	12.45	Lunch in Jack's Room
11	13:30	Team 1: Student Midwives Team 2: Service users
12	14:00	Tour of unit to verify evidence within the clinical environment and meet with service users, midwives and student midwives
13	15.30	Review team meeting to draw together initial findings (over Coffee)
14	16.00	Initial Feedback from LSA Audit
15	16.30	Close of audit

Appendix 12.2 – LSA Questionnaire

Healthcare Inspectorate Wales LSA

Annual Audit of Standards for Supervision of Midwives
Autumn 2016

SoM interview	Evidence & Review team comment
<p>Rule 4. Notifications by LSA Do you manage the Intention to practise (ItP) process in line with current process</p>	<p>Evidence: New starters Leavers transfers Revoke ItP LSAdb – monthly submission</p>
<p>Response</p>	<p>Comment:</p>
<p>Rule 5 Scope of practice How do you support midwives to meet Rule 5; their scope of practice</p>	<p>Evidence Group supervision Supporting midwives to provide choice to women Supporting midwives with LSAPP/LAP/reflection Table tops Midwives in non midwifery roles</p>

Response	Comment
Rule 6 records Can you tell us about your plan to transfer and/or archive records in preparation for the removal of statutory supervision.	Evidence Records are securely stored Records are being prepared for transfer/scan and upload
Response	Comment
Rule 7 Supervision of midwives is closely linked to clinical governance and should be integral to governance processes within the LSA. Can you provide details of how you achieve this standard	Evidence Attendance at CRM, LWF, Datix review meeting, joint investigations SUI reviews, delivery of mandatory training
Response	Comment

Rule 7-governance Do you feel you are able to escalate concerns to; The organisation The LSA Do you feel your concerns are responded to appropriately	Evidence
Response	comment
Rule 9 How do you ensure access to the SoM team for Student midwives And how do you support the transition from student to registrant	
Response	comment
Rule 10 publication of procedures-supervisory investigations do you consider you are prepared in relation to education and training to undertake investigations in line with rule 10	Evidence; Process Report writing Access to Training Access to IT systems
Response	Comment

HoM interview	
Do you consider your som teams raises concerns appropriately? If not, can you suggest how this can be improved	
Response	Comment
Considering the LSA investigation process. How satisfied are you with; <ul style="list-style-type: none"> • Communication from the investigating SoM • Communication with the named/supporting SoM • Links between LSA and organisation processes 	
Response	Comment

Are you kept informed of themes and trends that emerge from group supervision sessions	
Response	Comment
Are you satisfied the SoM team interact effectively with the organisation's governance process	
Response	Comment
What is your current compliance for midwives attendance at mandatory training?	
Response	Comment
How do SoM's support revalidation for midwives within your organisation	
Response	Comment

What issues do you consider exist for the HB during the transition from statutory supervision to an employer led (HB) model for supervision.	
Response	comment
Do you have any suggestions for improving the quality of SoM in your organisation?	
Response	Comment
DoN interview	
Are you assured that the LSA has a comprehensive reporting procedure to the NMC to ensure they are alerted to all risks that are associated with adverse reports from external monitoring?	Rule 7 The LSAMO
Response	Comment

Can you confirm the the LSAMO is able to discharge their function in your organisation?	
Response	Comment
Are you assured of the sustainability of the current model of supervision within your HB	
Response	Comment
Do you consider the LSA are effective at raising and escalating concerns and exercises its role efficiently, effectively and in a way that secures the safety of midwifery practice in your organisation?	
Response	Comment
Are you assured of the sustainability of the current model of supervision within your HB	
Response	Comment

What issues do you consider exist for the HB during the transition from statutory supervision to an employer led (HB) model for supervision.	
Response	comment
Do you have any suggestions for improving the quality of SoM in your organisation following the removal of statutory supervision?	
Response	Comment
Midwives and Senior midwives	
Are SoMs visible within the clinical environment? Would you know where in the HB a SoM may be present? How would you contact a SoM out of hours	
Response	Comment

Are you aware how the SoM team support revalidation?	
Response	Comment
Are you aware of how the som's fit with the HB governance process?	
Response	Comment
What is your understanding of the proposed changes from statutory supervision to an employer led (HB) model for supervision.	
Response	comment

What issues do you consider exist for the HB during the transition from statutory supervision to an employer led (HB) model for supervision.	
Response	comment
Do you have any suggestions for improving the quality of SoM in your organisation following the removal of statutory supervision?	
Response	Comment
Student Midwives	
Can you describe the role of the SoM and the LSA?	
Response	Comment

Have you had contact with a SOM in the past 12 months? If so for what reason?	
Response	Comment
Are you aware of how to contact a SoM	
Response	Comment
Are you aware of the current statutory requirement for all midwives to have a named SoM?	
Response	Comment

What is your understanding of the proposed changes from statutory supervision to an employer led (HB) model for supervision.	
Response	comment

Lay reviewers' checklist for audit visits

This document sets out to enable the lay reviewers to undertake their audit visits in a way that is consistent within the team and that reflects and builds on the findings from the 2015/16 audit and incorporate the known future changes to the supervision of midwives. Whilst this checklist covers a number of areas, it is expected that lay reviewers will also comment on anything significant that they believe needs highlighting in addition to the content of this checklist.

There are seven sections to this checklist:

Pre-audit preparation

Questions for women and their families.

Questions for Midwives

Questions for Supervisors of midwives

Questions for Senior Managers

Questions for user representatives.

Observations on the environment

Pre-audit preparation

Review of the information on the health board's website about Supervision of Midwives.

Is it the correct on-call number?

Is there a clear description of what supervisors can do for women?

Is there a link to the LSA (HIW) site?

Is there a link to “Delivering for you” leaflet?

Randomly choose one of the locations where maternity services are delivered by the health board and ring the switchboard and ask for the on-call number for the supervisor of midwives.

Are you given the correct on-call number?

Questions for women and their families

Introduce ourselves and explain audit process.

1. How would you rate the care you have received from midwives throughout your pregnancy and birth?
2. Is there any midwife you've found particularly helpful and what was it he / she did that was particularly helpful?
If midwife named, can we pass this feedback to her / him?
3. Is there anything you would like to change, based on your experience?
4. Do you or have you had any concerns about any of the midwives you have had contact with?

If **answer** to 4 is **yes** go to Q4a – 4h, if answer is **no** go to Q5

- | | | |
|----|--|-----------------------------------|
| 4a | Have you raised your concerns with anyone? | If answer is no , go to 4e |
| 4b | If so who? | |
| 4c | How did you decide to raise your concern with that person? | |
| 4d | Were you satisfied with the outcome? | |

If had concerns but not raised with anyone

- | | |
|----|--|
| 4e | Did you want to raise your concern? |
| 4f | What prevented your from telling someone about your concern? |

- 4g Have you heard of Supervisors of Midwives?
- 4h Explain role: would you like to speak to a SoM now about your experience?

5. Imagine that you had had a concern for example, you wanted a specific type of birth plan and the midwife was refusing to discuss it or being very negative about it, what would you have done?

6.If you had spoken to someone about your concern, what would you want them to do about it?

Questions for Midwives

Have you had an annual supervisory review (ASR) in last 12 months?

Was your ASR completed during a group supervision session?

If so, how many were part of your group supervision?
Was there a range of midwives at the supervision?

What did you find helpful in the group supervision?

Was there anything you thought could have been improved?

How many group supervision sessions have you attended over the last couple of years?

Do you feel more or less positive about group supervision now that after your first experience of group supervision?

What do you think has been the greatest benefit of introducing group supervision?

Have you used the SoM on call number to contact a Supervisor in the last 6 months?
If yes, how did you find the experience? Did it resolve your issue at the time?

As you know, supervision is changing in the Spring. What elements of supervision as it is now would you like to see retained?

Is there anything you would like supervision to do which it doesn't at present?

Do you have any concerns about the proposed new, employer led model of supervision?

How well do you think preparations for the transition to the new arrangements are going?

Is there anything the SoM team does that you think is particularly good practice?
Can we pass your feedback to the SoM team?

What role do you see the SoMs playing in helping to reduce risk and learn lessons from investigations?

Questions for Supervisors of Midwives

When are you offering group supervision?

What do you see as the benefits of group supervision?

Is there anything you would change?

Can you give an example of something that has been discussed in group supervision and as a result enhanced the protection of the public?

Is there anything the SoM team does that you think is particularly good practice?

What role do you play in helping to reduce risk and learn lessons from investigations?

Given the proposed change to an employer led model for supervision what do you see as the benefits for

- a. SoMs
- b. Midwives
- c. Women and the general public

And do you have any concerns about the changes and how they affect SoMs, midwives and women?

How well do you think preparations for the transition to the new arrangements are going?

What do you think should be in place to replace the support you offer to women?

Questions for Senior Managers

How well informed are you about what is happening with supervision now and the plans for Spring 2017 and beyond?

What do you see as the greatest challenges in delivering effective supervision now and in the future?

What benefits does supervision bring and how will these improve or change in the future?

What arrangements are being made for supporting women in future who would currently contact a supervisor of midwives?

Questions for representatives of users of maternity services

What contact do you have with SoMs currently?

How effective would you say supervisors are at supporting women's choices or supporting them with complaints or coming to terms with difficult experiences?

Are you aware of the proposed changes to the supervision of midwives?

What do you see as the advantages of the proposed model especially with regard to women and their families?

Do you have any concerns about the proposed changes?

What do you think women need to ensure that they can make their own informed choices and get support when things have been difficult?

Observations on the environment

Where observed

Is information about
SoMs clearly displayed
in public areas?

Does the information
feature the correct all-
Wales on-call number?

Is the role of the SoM
accurately described in
the information
displayed?

Is there a clear
explanation on the
circumstances in which
service users should
contact the SoM?

Is the all-Wales leaflet
about SoMs available in
public areas?

Additional comments on
visibility of Supervision.

Additional observations
on the environment

Appendix 12.3 – Lay reviewer Questionnaire

Pre-audit preparation

Health Board:

Review the information on the health board's website about Supervision of Midwives.

Is it the correct on-call number? Yes ☐ No ☐

Is there a clear description of what supervisors can do for women? ☐es ☐No

Is there a link to the LSA (HIW) site? Yes ☐ No ☐

Is there a link to “Delivering for you” leaflet? Yes ☐ No ☐

Notes

Randomly choose one of the locations where maternity services are delivered by the health board and ring the switchboard and ask for the on-call number for the supervisor of midwives.

Location Called:

Number Used:

Are you given the correct on-call number? ☐ es ☐ No

Notes

Questions for women and their families

Health Board:

Location:

1. Where / how have you received your care during your pregnancy? Have you been happy with this care?

2. Is there anything that was very good about your care? Or anyone who has been particularly helpful?

3. Is there anything that could have been done better?

4. Do you have any concerns about any of the midwives you have had contact with?

5. If you had a problem with a midwife, or your care in general, do you know who / where you could go to get support / advice?

6. Have you ever heard of Supervisors of Midwives? Explain who / what they are and what they can do. Provide information on how to locate their contact details in the specific Health Board / location.

Questions for Midwives

Name:

Role:

Group Supervision

1. Have you had an annual supervisory review (ASR) in last 12 months, and was it completed in group supervision?
2. Overview of their group supervision (how many, how organised, range of midwives, anything helpful, anything which could have been improved?)
3. How many group supervision sessions have you attended over last couple of years? More or less positive about it? Greatest benefit? Greatest negative?

Supervision On-call

4. Have you ever used the SoM on call number to contact a Supervisor in the last 6 months? If yes, how was it? Did it resolve your issue at the time?

Investigations

5. How do you see the SoM's role in investigations? Positive / negative? Are they helping to reduce risk / learn lessons? Have you had direct experience of an investigation?

Supervision Changes

6. Are you aware of the changes to supervision which will be in place by next Spring? Do you feel well informed about the changes? Do you have any concerns about the proposed new, employer led model of supervision? How well do you think preparations for the transition to the new arrangements are going?

7. What elements of the current model of supervision do you think should be kept? Is there anything you would like supervision to do which it doesn't do at present?

8. Do you know how women will be supported under the new model?

Feedback

9. Is there anything the SoM team does that you think is particularly good practice? Can we pass your feedback to the SoM team?

Questions for Supervisors of Midwives

Group Supervision

1. General chat about their group supervision, how it's organised, attendance, feedback etc.

2. Benefits and challenges of group supervision?

3. Example of something that has been discussed in group supervision and as a result enhanced the protection of the public?

Investigations

4. What role do you play in helping to reduce risk and learn lessons from investigations?

Good Practice

5. Is there anything the SoM team does that you think is particularly good practice?

Supervision Changes

6. How well informed to you feel about the changes to supervision? Is this information being disseminated within the organisation? How well do you think preparations for the transition to the new arrangements are going?

7. Given the proposed change to an employer led model for supervision what do you see as the benefits for:

- a. SoMs
- b. Midwives
- c. Women and the general public

8. Do you have any concerns about the changes and how they affect SoMs, midwives and women?

9. What do you think should be in place to replace the support you offer to women? Is your organisation making any plans for this area?

Questions for Senior Managers

1. How well informed are you about what is happening with supervision now and the plans for Spring 2017 and beyond?
2. What do you see as the greatest challenges in delivering effective supervision now and in the future?
3. What benefits does supervision bring and how will these improve or change in the future?
4. What arrangements are being made for supporting women in future who would currently contact a supervisor of midwives?

Questions for representatives of users of maternity services

Name:

Organisation:

1. Do you know what a SoM is? Are you / your organisation informed about Supervision? What contact do you have / have you had with SoMs?

2. Do you know how effective supervisors are at supporting women's choices or supporting them with complaints or coming to terms with difficult experiences?

3. Do you think women are aware of Supervision and SoMs?

4. Are you aware of the proposed changes to the supervision of midwives?

5. What do you see as the advantages / disadvantages of the proposed model especially with regard to women and their families?

6. What do you think women need to ensure that they can make their own informed choices and get support when things have been difficult?

7. What do you think is the best way of disseminating information to women and their families?

SoM Information and Observations on the environment

Location

SoM information clear
in public areas?

Correct all-Wales on-
call number?

Role of SoM
accurately described
in information?

Clear explanation of
circumstances in
which service users
should contact SoM?

All-Wales leaflet
about SoMs available
in public areas?

Other comments on
visibility of
Supervision /
Supervisors

General observations on the environment