



**Royal United Hospitals Bath NHS
Foundation Trust**

**Local Supervising Authority Audit Report
Practice year 2015/2016**

Local Supervising Authority Audit Report

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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 NHS England. 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 LSA audit aims

- To review the evidence demonstrating that the standards for supervision are being met.
- 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 ensure that midwifery practice is evidence based and responsive to the needs of women.

4 Methodology

The process for the audit of the LSA standards uses self-review with verification of evidence by the LSA audit team. Self-review is recognised as a powerful tool that stimulates professional development and creates awareness of personal accountability.

The completed self-assessment tool containing the supporting evidence and any comments and recommendations the supervisors wish to make is sent to the LSA office one working week prior to the audit.

5 Audit Process

Evidence submitted is reviewed in line with:

- *Midwives Rules and Standards* (NMC 2012)
- *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC 2015)
- *Standards for Medicines Management* (NMC 2007)

For 2015/16 the audit process comprised of these elements:

- Audit visit to Royal United Hospitals, Bath 1 October 2015
- Review of evidence submitted before and during the audit plus further conversations to clarify specific points
- Interviews with midwives, student midwives, Patient Experiences Manager, Patient Safety Manager, Lead for Midwifery Education, Head of Midwifery (HoM), Director of Nursing (DoN)
- Individual SoM PREP and Personal Development Plans review by LSAMO
- Examination of statistic reports from the LSA database
- Review of two STEIS cases (serious incidents)
- Review of three complex care plans prepared by SoMs
- Review of action plan to achieve the LSA recommendations following the 2014/15 audit visit

NOTE The LSAMO and midwife visited Trowbridge Birth Centre on 3 September 2015 to facilitate an open meeting with staff to address concerns raised by staff. A draft report for comment was produced and circulated to the Head of Nursing and Midwifery and Director of Nursing and Midwifery on Wednesday 11 November 2015. The Trust returned the response on Monday 14 December 2015 and the final report was received by the Trust on Sunday 14 February 2016.

6 Local Supervising Authority annual audit visit

The LSA annual audit visit was undertaken on 1 October 2015 by:

Helen Pearce, LSA Midwifery Officer
Hannah Hulme Hunter, LSA Midwife
Anita Hedditch, Peer Supervisors of Midwives (SoM)
Sarah Bird, Lay Auditor

Bath SoMs present for the formal presentation on the audit visit:

Hannah Bailey
Karen Patrick
Mel Nixon
Jo Coggins
Anita Johnson (based University of West England)
Rebecca Church
Carole Poulton

Others present:

Becky Charlton (patient services manager)
Clare Edmonds (consultant paediatrician and governance lead)
Jess Conway (student midwife)
Rhiannon Hills (divisional manager)
Jan Lynn (lead nurse, workforce development)
Sophie Davis (student midwife)
Helen Blanchard (director of nursing and midwife)
Ceri Sanders (maternity administrator)

Apologies received from these SoMs:

Paula Lockyer
Shirley Robinson
Sarah Marks
Bridget Dack
Rachel Horan

At the time of the audit visit, there were 20 SoMs providing supervision for 256 midwives (Report 12 from LSA database for 1 October 2015).

All SoMs have a caseload of midwives and take part in providing 24 hour supervisory advice and support.

Most of the work of collating evidence and preparation of the presentation at the audit visit was done by the full-time contact SoM and two other SoMs, with variable input from other members of the team.

Please see the audit visit programme for details of meetings and interviews conducted on the day, outcomes from which have helped inform this report.

The brief for the SoM team presentation for 2015/16 was as follows:

1. Thinking about your engagement with users, please answer these points:
 - What works well in your area?

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- What could be improved?
 - What do you plan to do to take this forward?
2. Please identify ONE of the recommendations made in your 2014/15 LSA audit report and address these points:
- What progress have you made so far?
 - How will you take this forward?
- What will success look like? (How will you recognise when you have met this recommendation?)

7 Assessment of Compliance

Compliance is assessed against the *Midwives Rules and Standards* (NMC 2012) and *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC 2015)

Rule 4 Notifications by Local Supervising Authority

Rule

- (1) Each local supervising authority in Wales, Scotland or Northern Ireland must publish:
 - (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).
- (1A) The local supervising authority in England must publish:
 - (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).
- (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.

LSA standard

- 1 In order to meet the statutory requirements for the supervision of midwives, a local supervising authority must ensure that:
 - 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.

Evidence and Audit Findings

ITP forms

During the audit visit, the LSA Midwife and contact SoM confirmed that every midwife employed at the Trust had a current Intention to Practise (ITP) form. This was done through comparison of the staff list supplied by the service with Report 44 from the LSA database.

The team do not have written evidence of a robust process for the handling of ITPs.

It is the responsibility of each SoM to manage the ITPs of her supervisees. The original ITP is returned to the midwife and a copy filed by the team administrator.

Paper copies of ITPs are securely stored in the maternity administration office.

Recommendation:

To provide assurance to the LSA that paper supervisory records are securely stored

New midwives are sent a letter from the contact SoM asking them to bring their ITP on their first day of orientation. This letter makes clear that they cannot work clinically without submitting their ITP. The letter instructs the new midwife to go to the delivery suite or call the contact SoM at the Chippenham Birthing Centre to arrange for a SoM to sign and upload their ITP. This process appears to (a) puts the onus on the new midwife to find a SoM, adding to the existing stress of her first day in a new post and, (b) is dependent on the contact SoM being available.

The expectation is that whoever signs the ITP will also upload it to the LSA database.

There is a flowchart (submitted as evidence) but this deals only with new midwives. The process outlined on the flow chart is not consistent with that described in the letter from the contact SoM.

There does not appear to be a written process for the handling of the ITPs of midwives returning from sick or maternity leave.

There are no agency midwives employed by the service.

ACTION SoMs to review the process for the handling of ITPs from new midwives and those returning from sickness or maternity leave. This process to be documented and disseminated.

Annual reviews

Annual reviews are conducted using a standard annual review form. This form includes reference to PREP requirements (both practice hours and continuing professional development activities). New midwives are asked to bring their portfolio on their first day of work so the SoM who signs their ITP can review PREP.

During the audit visit, the peer SoM spoke with the SoMs in attendance. All confirmed that PREP requirements were checked prior to the signing of ITPs.

The SoM team plan to use the new LSA annual review form when it is ratified.

According to Report 18 from the LSA database (ran on the day of audit) all but one of the SoMs had conducted 100% of their annual reviews. The remaining SoM had conducted 86%.

The eight midwives who completed questionnaires on the day of audit rated their annual review well: 5, 5, 3, 4, 4, 4, 4, 4 (out of 5).

Outcome

Rule 4 Requires Improvement

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.

Evidence and Audit Findings

Policy and audit

No evidence was provided of a Trust or maternity services records policy that addresses the requirements of Rule 6.

There is no process for the return and secure storage of community midwives' diaries. This issue is on the Trust Risk Register.

A questionnaire completed by a community midwife on the day of the audit confirmed that she still has all of her old diaries at home.

[NOTE added 16 March 2016: a room has now been allocated for the storage of community diaries.]

ACTION The SoM team to work with the HoM to prepare a policy for the storage of maternity records, including the return and storage of community midwives diaries. This is now a matter of urgency.

The peer SoM on the audit visit reported that ward-based midwives appeared to have a good understanding of safe storage of records within the hospital. This impression was confirmed by the questionnaire responses of six midwives, although one midwife expressed concerns that limited space sometimes made it difficult to maintain confidentiality.

The peer SoM saw no records unattended in public areas during her tour of the clinical areas. The lay auditor, however, saw a file left unattended on a reception desk (and informed the midwife in charge of that area).

SoMs are not involved in the audit of safe and secure storage of records.

ACTION SoMs to devise a simple record storage audit tool to use in clinical areas.

Rule 6 Not met (see action above)

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.

Evidence and Audit Findings

Facilitation of audit

When it became apparent at the audit that the evidence templates had not been completed it was agreed that these could be completed and forwarded after the visit. It was also agreed that the LSA midwife would subsequently work with the contact supervisor to identify any gaps in evidence. The contact SoM completed the evidence templates and forwarded them to the LSA on 6 October 2015. The LSA midwife later made contact to review the evidence and address deficiencies, as planned. This exercise was not completed and so there remain some areas where evidence has not been supplied.

The audit visit itself, was well organised with a detailed timetable for meetings and a high quality, reflective and thoughtful presentation by the team. The audit team were particularly interested to hear about the maternity Facebook page, the SoMs "Supervisor of the Day" initiative and their support of a new Medicines Administration Record for maternity.

Several senior Trust managers attended the audit presentation including the Director of Nursing (DoN), Divisional Manger, Lead Nurse for Workplace Development and Patient Safety Manager. The consultant governance lead also attended.

Following last year's audit (March 2015) the SoMs wrote an action plan based on that audit report and other priorities identified by the team. Last year's LSA lay auditor's report recommendations were included in the team's action plan. The outstanding elements of the action are included on a meeting action tracker which is discussed at each meeting. See appendix 2.

RECOMMENDATION SoMs to include leads, and target and actual dates for the completion of each task on the team action plan.

Engagement with women

The team use several innovative ways to publicise the team and their work and engage with

users.

The Bath Maternity Facebook page is particularly impressive. Facebook statistics show that the majority of “engaged users” are aged under 25 years. Four SoMs have administrator rights and between them monitor the page around the clock. Any negative comments are handled in accordance with Trust complaints procedure. Sensitive information (including names of individual midwives) can be removed from the page. The HoM personally followed-up a concern expressed on the Maternity Facebook page and her swift response was appreciated.

SoMs are involved in a new Trust initiative; a “listening event” to engage with women and “find out what matters most to you”. The first “In Your Shoes” event was held in the unit in the week prior to the audit. It was attended by six women and was very informal. Future events will be held in other venues.

The SoM page on the Trust website is easy to find. The team do not have a designated email address but other contact details are clear. The LSA lay auditor commented that the information presented about the role of supervision would benefit by the inclusion of some real-life examples of reasons why women may choose to contact a supervisor.

There does not appear to be a robust system in place to ensure email queries are handled consistently and in good time.

There is no information about supervision in the Trust maternity handheld notes.

RECOMMENDATION SoMs to review the lay auditor’s report and consider her recommendations in relation to communications with women, particular vulnerable women and others who may find it hard to engage with the service.

According to the evidence present prior to the audit, supervisors are not presently enabled to attend Maternity Services Liaison Committee (MSLC) meetings. The support of the LSAMO has been requested to help take this issue forwards. On the day of the audit, the HoM (also a SoM) told the lay auditor that a SoM does now attend MSLC meetings.

RECOMMENDATION Supervisors are involved in a number of exciting initiatives to enhance engagement with women. SoMs to monitor these activities carefully and to gather evidence of the ways in which these activities inform service developments in the coming months.

The Trust Patient Experience Manager (whose team includes the Patient Advocacy Liaison manager) had not had contact with the SoM team prior to the LSA audit visit. She felt it would be useful to have a stronger connection with the supervisors. At present, all concerns and compliments are shared with the HoM.

Guidance and support for women

Supervisors are involved with complex care planning with women. Three complex care plans were reviewed by the Lay Auditor. Plans are generally written directly into the woman’s handheld notes, using accessible and appropriate language. Plans showed that SoMs treated women as individuals and listened to their concerns.

An on-line survey (using Survey Monkey) is planned for late 2015 to gather women’s opinions of their experience of statutory supervision. One of the duties of the “Supervisor of the Day” is to contact women who have met with a SoM and gather feedback on the

intervention.

ACTION SoMs to review the lay auditor's report and consider her recommendations in relation to the preparation of complex care plans.

The birth environment

This is a summary of opinions gathered by the lay auditor during her conversations with women and their families on the day of the audit.

Activity: "Wonderful, they are very busy, frantic!" "They are over-run and under-staffed." "They haven't really got time to be 1-2-1" (reference helping with breastfeeding). "You are left to your own devices but if you need them there's the buzzer."

The staff: "Friendly, out-going, helpful." "Everyone from the cleaners to the consultants has been good." "We feel very well looked after."

Facilities: Lots of signs of different types and styles. Car parking "really bad".

Supporting normal birth: "Positive encouragement, they let you do what you want to do, they are calm."

RECOMMENDATION SoMs to review the lay auditor's report and consider her recommendations in relation to the birth environment.

In her report, the peer SoM expressed concern at the display of women's surnames on the door to the ward bays, suggesting that this may breach confidentiality.

Upholding the principles of *The Code* (NMC 2015)

Last year's LSA audit identified a need for SoMs to be aware of themes relating to medicines management and to review the education and training provided to midwives.

The team identified contributing factors (including variation in the wording of prescriptions and discrepancy over definition of "daily"). They then devised a package of interventions to raise midwives' awareness and to address specific issues:

- Laminated notices showing best practice
- Item in weekly maternity newsletter
- Briefings at handover
- Support of new midwives
- Drug competency package
- Introduction of Midwives' Exemptions policy
- Staff room quizzes
- Prescribing stickers for standard medicines
- On-going reporting and review of all drug administration errors

At the end of the intervention, the team were delighted to report a 50% reduction in medicines errors.

The LSAMO

During a group discussion with the peer SoM, the supervisors reported positively on the accessibility of the LSA team and support given during supervisory investigations. Some SoMs find the LSA database difficult to use. The peer SoM pointed out that the database help pages are an excellent resource.

Notable Practice

The format used to write the team's action plan is to be commended.

The Maternity Facebook Page and management and moderation by SoMs is excellent.

The decision to use an on-line survey to gather the opinions of women is innovative and we look forward to the findings. (We are similarly very interested in the "In Your Shoes" initiative.)

The attention to detail and the package of measures to reduce medicine errors by midwives is very impressive.

Outcome

Rule 7 Met

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).

Evidence and Audit Findings

There needs to be an accurate list of SoMs practising in the Trust (Report 12 from the LSA database). There have been six resignations in 2015/16 and two new appointments to the supervisory team.

There are plans to reorganise the caseloads to equalise ratios. When they have completed their competencies, newly-appointed SoMs will be allocated a small caseload of five supervisees. They will have a buddy SoM for support when they are on call.

RECOMMENDATION SoMs to set aside time to review the accuracy of information on the LSA database pertaining to SoMs and their caseloads. Please ask the LSA midwife or administrator for guidance if needed.

Selection of students for Preparation of Supervisors of Midwives (PoSoM) course

The Trust was ready to fund five places on the PoSoM course but only two students have been recruited. The team feel that the uncertainty over the future of supervision has contributed to a low level of interest amongst SoMs in applying for the PoSoM course.

The team liaised closely with the LSA in the selection and appointment of students for the PoSoM course, participating in the selection process with the University of the West of England. The LSA are assured that correct processes were followed.

The Lead Midwife for Education (LME) is involved in the selection process. Student SoMs are mentored by supervisors with a sign-off mentor qualification.

SoM competences

According to Report 8 from the LSA database (run as for the date of audit), 17 of the 20 SoMs have completed the minimum of six hours of SoM PREP. One of the three SoMs who have not fulfilled the required PREP is a newly qualified SoM who has recently completed the PoSoM course.

Of the 20 SoMs, only three have completed the LSA competency self-assessment document within the last 12 months.

No concerns regarding the competence of a SoM have been reported by the team to the LSAMO.

ACTION All SoMs to be aware of the LSA process for the monitoring of compliance with self-assessment of competency and to address any individual deficiencies.

Outcome

Rule 8 Requires improvement

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.

Evidence and Audit Findings

Local framework for supervision

There does not appear to be a written strategy for supervision. It is not known if this information is included in the risk management policy.

No evidence (on-call rota) was submitted of robust arrangements to ensure 24 hour access to supervision by midwives and women.

No information was available concerning individual SoM attendance at monthly team meetings so the LSA cannot assess if this meets the required standard.

According to the evidence presented, SoM monthly meetings are well organised and effectively managed. Minutes are sufficiently detailed with timescales and lead SoM clearly identified.

ACTION SoMs to audit the attendance of individual SoMs over the last 12 months. If there is less than 75% attendance for all SoMs, individual supervisors to discuss with their colleagues their reasons for insufficient attendance and to together develop strategies to address this issue.

SoM support of midwives

Eight midwives completed questionnaires during the audit visit. Their comments on supervision in Bath included:

- "Brilliant. SoMs are vital support for midwives in practice and are the only network for support within the Trust."

- “Normally good, supportive but due to ill health (presumably of named SoM), intermittent.”
- “Approachable and a very good ear.”
- “A relationship of mutual respect, open dialogue.”
- “Always been good.”

The midwives confirmed that SoMs were readily available for support: “easily accessible” and “open, supportive, approachable”.

One midwife wrote: “leading by example would be desired” but did not elaborate.

The peer SoM noted evidence of “sensitivity from SoMs to midwives”

The eight midwives who completed questionnaires on the day of audit rated their annual supervisory review well: 5, 5, 3, 4, 4, 4, 4, 4 (out of 5).

Student midwives

All students are allocated a named SoM. Two SoMs undertake this role. Three third year student midwives completed questionnaires during the audit visit. All confirmed they had a named SoM. All said they had participated in taught sessions about supervision led by university staff.

The education SoM reported that students meet with their SoMs early in their training. SoMs are also involved in medicines management sessions. The education SoM said that SoMs are “accessible at all times” and are “supportive”.

The students mentioned several methods of getting in touch with either their named SoM or the on-call SoM. If they had concerns regarding a midwife’s practice they would discuss these with their personal tutor in the first instance and then with a SoM if required.

The education SoM described the support given by herself to a student involved as a witness in a supervisory investigation.

Two of the interviewed students had been involved in an adverse clinical incidents and had received support from mentors, lecturers and SoMs

When asked about the quality of mentoring in the Trust, all three students replied “Excellent!” One added “very welcoming to all students”. The peer SoM spoke to a small number of students during the audit visit. She reports that all had had “positive contacts” with supervision.

SoM to midwife ratios

According to Report 12 from the LSA database (run as for 1 October 2015) Royal United Hospitals Bath had 20 SoMs on the day of audit supervising 256 midwives. Caseloads ranged from zero to 29 with an average of 12.8 midwives to each SoM.

The contact SoM had a disproportionately large caseload at the time of the audit due to recent retirement of three SoMs. The names of these supervisors had not yet been removed from the LSA database.

RECOMMENDATION The team to set aside time to review the accuracy of information

on the LSA database pertaining to SoMs and their caseloads. Please access the LSA midwife or administrator for guidance if required.

Midwives are informed of the name of their allocated SoM in a letter from the contact SoM when they come into post.

Communications and resources

Information from the LSAMO is effectively cascaded down to SoMs through the contact SoM.

The contact SoM or deputy attends quarterly contact SoM meetings.

The team have administrative support but they do not have a designated area for supervisory activities.

The team use a secure shared drive on the Trust intranet. Paper copies of supervisory records are securely stored in the maternity administration office.

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.

Evidence and Audit Findings

Conduct of investigations

The team maintain a local record (in the form of a spreadsheet) of reviews and investigations but (at the time of the audit) two investigations started locally were not entered on the LSA database and information regarding a further two incidents was likewise lacking on the

database.

Investigations are generally allocated via the Contact Supervisor, supervisors are usually allocated a 'buddy' to support the investigation and report writing. This is good practice. Evidence on the LSA database suggests a fair spread of investigations throughout the team.

ACTION SoMs to ensure that the LSA database accurately reflects incidents and investigations conducted locally. (Remember that the database is your main conduit of communication with the LSA on a day-to-day basis.)

There is good evidence in meeting minutes that investigations, findings and recommendations are discussed at team monthly meetings.

According to the LSA database Report 23 (run for the date of audit) the SoMs investigated the practice of 11 midwives involved in seven incidents occurring in the 12 months prior to the audit. Five of these investigations were on-going at the time of the audit. None of the completed audits were completed within the 45 day target time.

Two of the investigations were conducted by the LSA midwife (supported by a local SoM), due to the complex and urgent nature of the incident.

Midwife investigation outcomes were:

- Two LSA Practice Programmes (one completed, one not satisfactorily completed and on-going)
- Five Local Action Plans (none completed)
- One decision for "no further action"

ACTION Investigation SoMs to oversee the completion of LAPs in timely fashion. Named SoMs to complete the LSA database when LAPs are completed.

Clinical incidents

DATIX forms are reviewed by the Patient Safety Manager who then completes the National Patient Safety Agency screening tool. Incidents involving midwifery practice will then be referred to SoMs for completion of the LSA decision making tool (DMT).

Completed DMTs are shared with the Patient Safety Manager who will therefore know that a supervisory investigation has been commenced. If a risk investigation is also required, the process is co-ordinated. Midwives' statements are shared between supervision and risk management.

The Patient Safety Manager receives a copy of the final report of each supervisory investigation. This formal communication is supplemented by on-going discussion and updates during the course of the investigation.

At the time of audit, it appeared that SoMs were appropriately involved in STEIS (serious incident) reviews. Decision making tools are completed by the team for STEIS reports and these are forwarded to the LSA by the contact supervisor.

The LSAMO reviewed two STEIS cases during the audit visit. Both were appropriately handled and comprehensively completed and resulted in supervisory investigations.

Interface with governance

It is not known if the interface between statutory supervision and risk management is adequately described in the risk management strategy since this document was not submitted as evidence.

No evidence was presented of designated SoM attendance at clinical governance meetings, although it is known that several SoMs attend in their substantive role.

There is a rota of SoMs to attend the weekly maternity risk management review meeting. This meeting also includes an obstetrician and the Patient Safety Manager. The DMT is completed during this meeting as required.

A SoM attend the quarterly maternity governance meeting, which includes audit and research. The SoM presents a verbal report of supervisory activities at this meeting.

RECOMMENDATION SoMs to submit a written report of supervisory activities for the governance meeting to back their verbal report, thereby offering further detail and an accurate record of this interaction.

When interviewed by the LSA midwife on the day of audit, the Patient Safety Manager (who is not a SoM) said that communications between the risk department and supervision have improved in the last few months.

SoMs have undertaken audit of medicines records. The team then identify trends in non-compliance and determine what action should be taken.

SoMs are involved in the audit of maternity care records.

The LSA were told that a named SoM is involved in the development and dissemination of clinical guidelines, although no evidence of her activities was submitted.

As mentioned earlier, the team are involved in the Trust "In your Shoes" initiative to learn more of the experiences of users of the services. No outcomes are yet available.

The peer SoM expressed concern over the use of CTGs in the community. She was particularly concerned about the risks involved in faxing these to the main unit.

Last year's LSA audit report was presented to the board by the HoM (also a SoM) on behalf of the team.

The contact SoM met with the DoN on 21 September 2015. It is not known if any meetings were held prior to this one. No evidence was provided of this meeting (email, agenda, quarterly report).

The DoN planned to attend a team meeting on 13 October 2015.

ACTION The contact SoM or deputy to schedule regular face-to-face meetings with the DoN.

When interviewed by the LSAMO on the day of audit, the DoN described the SoM team as "very much an integrated part of the Trust" with a positive impact of on quality, safety, and improvement in the experience of women. She particularly valued the SoM contribution to a recent 'never event' (serious incident) review and in the monitoring of the maternity Facebook page.

Midwifery practice issues

At the time of audit, it was accepted practice for midwives to perform cardiographs (CTGs) in the birth centres (Trowbridge, Paulton, Frome), including in labour. Depending on circumstances the trace may then be faxed to the consultant unit in Bath for an obstetric review or the woman transferred for further management.

The LSAMO, LSA midwife and peer SoM auditor were all concerned by this practice for a number of reasons:

- Confusion between concept of low and high risk maternity care
- Delay in escalation and referral posed by woman attending birth centre inappropriately
- Security of transmission of trace by fax
- Reliance by remote obstetrician on incomplete assessment
- Effect on midwives' skills of intermittent auscultation (IA)

When questioned regarding this practice by the LSAMO, the HoM explained that the triage area in the main unit would have to be substantially enlarged to accommodate the extra work should CTGs no longer be performed in birth centres. This option was under discussion at the time of the audit.

In response to the report of the LSA open meeting with staff of Trowbridge Birth (at which these issues were highlighted) A letter from the DoN in December 2015 stated that the activities of the birth centres are subject to a Trust-wide multi-professional clinical review.

[NOTE added 16 March 2016: Intra-partum CTGs were discontinued in the birth centres from 19 November 2015.]

Rule 10 Requires improvement

8 Maternity medicines

Standards for Medicines Management (NMC 2007)

Standard 11: Remote prescription or direction to administer

1 In exceptional circumstances, where medication has been previously prescribed and the prescriber is unable to issue a new prescription, but where changes to the dose are considered necessary, the use of information technology (such as fax, text message or email) may be used but must confirm any change to the original prescription.

Guidance

2 A verbal order is not acceptable on its own. The fax or email prescription or direction to administer must be stapled to the patient's existing medication chart. This should be followed up by a new prescription signed by the prescriber who sent the fax or email confirming the changes within normally a maximum of 24 hours (72 hours maximum – bank holidays and weekends). In any event, the changes must have been authorised (via text, email or fax) by a registered prescriber before the new dosage is administered. The registered nurse should request the prescriber to confirm and sign changes on the patient's individual medicines administration record (MAR) chart or care plan.

3 Where a medication has not been prescribed before, a nurse or midwife independent prescriber may not prescribe remotely if they have not assessed the patient, except in life-threatening situations. See standard 20 of the *Standards of Proficiency for Nurse and Midwife Prescribers* which you can find at www.nmc-uk.org/publications

4 In exceptional circumstances, a medical practitioner may need to prescribe remotely for a previously unprescribed medicine, for example, in palliative care or remote and rural areas the use of information technology (such as fax, text message or email) must confirm the prescription before it is administered. This should be followed up by a new prescription signed by the prescriber who sent the fax/email confirming the changes within normally a maximum of 24 hours (72 hours maximum – bank holidays and weekends). The registrant is accountable for ensuring all relevant information has been communicated to the prescriber and s/he may refuse to accept a remote prescription if it compromises care to the patient. In this instance she should document accurately the communication that has taken place. Registrants should note that remote prescribing cannot be undertaken in a care home because they do not have access to a stock of medicines.

5 A prescription is required when the drug is to be both supplied and administered. For administration only, a direction to administer is sufficient.

6 It may be helpful to refer to the GMC *Good Medical Practice Guide* for further information available on the GMC website.

Evidence and Audit Findings

Maternity medicines management

Midwives' Exemption Policy (RUHBNHSFT, 2014) includes a detailed table of each of the ME medicines used in Bath, including dose and frequency, route, contraindication, and special instructions. The inclusion of Ranitidine 150mg for high risk women in labour is erroneous and should be corrected. The HoM was made aware of this error on the day of the audit. [NOTE added 16 March 2016: A working group was set up in January 2016 to address this issue.]

The policy on Patient Group Directions (PGDs) was not reviewed because this information was not submitted. A working group is currently reviewing this policy following feedback from the LSA on the day of audit.

The Midwifery Preceptorship Package Competency Report includes a requirement to read and sign *Midwives' Exemption Policy*. New midwives are also required to "safely and competently prescribe in accordance with midwives exemptions policy". The use of "prescribe" in this context is erroneous and should be corrected.

When interviewed by the LSA midwife on the day of audit, the Patient Safety Manager said that the matrons and other managers provided assurance of process for the development of PGDs and the competence of midwives.

Asked if their annual review included a review of competence in medicines management,

three midwives answered yes, three answered no, and two wrote “unsure”. Similarly, there was inconsistency regarding on-going training in the use of PGDs. Of the six midwives who answered this question, two mentioned only initial training whilst the others spoke variously of “annual review and sign off”, “checking regularly and signing”, “use PGDs on-line”.

SoMs conduct an on-going audit of Medicines Records.

Verbal orders

Six midwives answered questions pertaining to maternity medicines management. Four said that verbal orders are not allowed in the maternity service. One wrote “rarely or only in exceptional circumstances”. The remaining midwife left the question blank.

One of the student midwives questioned had witnessed a verbal order taken and administered in one of the birth centres.

It not known how verbal orders are dealt with in the Trust medicines policy since this evidence was not submitted.

The use of verbal orders was being audited at the time of the LSA visit. The HoM was leading on this process.

ACTION SoMs to follow-up the finding of the audit of verbal orders and plan appropriate action in conjunction with managers and others.

Notable Practice

Midwives' Exemption Policy (RUHBNHSFT) is a detailed and user-friendly resource.

Outcome

Standard 11 for medicines management requires improvement

9 Lay Auditor Findings

Trust:	Royal United Hospitals, Bath
Date:	01/10/15
Lay auditor:	Sarah Bird

Midwives Rules and Standards (NMC, 2012)

Rule 7

LSA Standards: Monitor the practice of SoMs as part of maintaining and improving the quality of the provision of statutory supervision of midwives
Involve women who use the services of midwives in assuring the effectiveness of the supervision of midwives.

Guidance: Women should be able to access the LSAMO directly if they wish to discuss any aspect of their care that they do not feel has been addressed through other channels. The LSAMO should ensure that SoMs 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.

Rule 8

LSA Standards: A SoM must be capable of meeting the competencies set out in Standards for the Preparation and Practice of Supervisors of Midwives (NMC, 2008)*

* SoM competencies are grouped into four domains: Professional values, Communications and interpersonal skills, Supervision in practice and decision-making, Leadership and team working

Please complete the report template as fully as possible (depending on your activities during the day) and return by email to the LSA midwife co-ordinating the audit within five working days. The boxes will expand once you start typing.

NMC rule	Evidence required	Evidence reviewed	Conclusions	Recommendations
1	Please review the written information given to women concerning supervision. [Note to SoMs: Please send copies of all SoM information given or available to women (leaflets, posters, fliers etc.) to the LSA two weeks ahead of the audit visit.]			
	When do women receive this information?	This question wasn't asked as part of the audit visit.	From previous LSA audit visits I believe that women receive information at booking at between 8 and 14 weeks.	Evaluate whether this is the most appropriate time for information about supervision to be given to women and whether any follow-up is required.
	Does the written information make clear the purpose of supervision?	Evidence was not received ahead of audit visit. IT appears that the locally produced leaflet that was in use at the time of the previous audit has been withdrawn (because of staff	At present women are not receiving written information about supervision. (There is a sticker on the hand held notes showing	Ensure that written information about supervision is given to women. Ensure that women are involved in the development of materials and that evaluation

Classification: Official

		changes in the SoM team) and the replacement is not yet available. When discussing written information for women with the SoM team they mentioned that they also use the NMC leaflet but this was not included when I asked to see a Booking Pack on the day of the audit visit.	contact details only.)	takes place
	Does it identify when and why a woman might want to contact a SoM?	No information about supervision contained the in handheld notes.	As above.	Ensure that written information about supervision is given to women.
	Is it clear from the information how to contact a SoM 24/7?	No information about supervision contained the in handheld notes.	As above.	Ensure that this is in place.
	Is there an explanation of the function of the LSA and why a woman may want to contact the LSAMO?	No information about supervision contained the in handheld notes.	As above.	Ensure that this is in place.
	Does it contain the name and contact details for the LSAMO?	No information about supervision contained the in handheld notes.	As above.	Ensure that this is in place.
	Does the written information encourage contact and engagement with supervision?	No information about supervision contained the in handheld notes.	As above.	Ensure that this is in place.
Ask women	Do you recall the written information about supervision given to you at booking (or later)?	Discussion with women on postnatal ward.	Women did not recall the written information about supervision that was given to them at booking.	Evaluate how information about supervision could be made more memorable/relevant to women and their families.
	Was it useful? How could it be	Discussion with women on	As above.	Evaluate how information

Classification: Official

	improved?	postnatal ward.		about supervision could be made more memorable/relevant to women and their families.
	Have you noticed posters (leaflets or fliers) about supervision around the unit?	This question was not asked on the day of the audit visit.		Evaluate how information about supervision could be made more memorable/relevant to women and their families.
	Were these useful? How could they be improved?	This question was not asked on the day of the audit visit.		Evaluate how information about supervision could be made more memorable/relevant to women and their families.
Ask SoMs	Were women involved in the preparation of the written information about supervision? How and when?	Discussion with SoM Team. The new leaflet has been tested on/shown to women by SoMs as part of their SoM of the Day initiative.	Not evidence of the involvement of women was available on the day of the audit.	Evaluate how information about supervision could be made more memorable/relevant to women and their families.
	When was the information last updated? What are the plans for future updates?	Discussion with SoM Team. Recently updated (within past six months) because of staff changes. Future updates to be carried out by the SoM of the Day.	Regular, formal reviews involving SoMs, women, midwives and others are not planned.	Regular, formal reviews involving SoMs, women, midwives and others should be considered.
	How has the information been evaluated to ensure it meets the needs of women?	Discussion with SoM Team. No evaluation has taken place as yet.	This appears to be the next step in the process.	Evaluate how information about supervision could be made more memorable/relevant to women and their families. Ensure that SoMs, women, midwives and others are included in this evaluation.

Classification: Official

NMC Rule	Evidence required	Evidence reviewed	Conclusions	Recommendations
2(a)	Please review the information about supervision on the Trust website			
	Does the information make clear the purpose of supervision?	SoM page on Trust website	Yes.	
	Does it identify when and why a woman might want to contact a SoM?	SoM page on Trust website	Yes. The text states: "Women can contact a supervisor directly to discuss any aspect of their maternity care."	This is fairly vague and wide ranging. Together with women/service users consider the use of case study type examples and whether they would make the role of a SoM clearer.
	Is it clear from the information how to contact a SoM 24/7?	SoM page on Trust website	Yes. Via telephone call to Mary Ward where an appointment can be made.	Evaluate whether this encourages engagement and how rapidly contacts are responded to. Could the wording be improved?
	Is there a designated email address (or contact form) for the SoMs?	SoM page on Trust website	No. Contact is via telephone on Mary Ward where an appointment can be made.	Consider with women whether a dedicated email address is workable for this SoM Team and whether it would be attractive to women and their families.
	Is there an explanation of the function of the LSA and why a woman may want to contact the LSAMO?	SoM page on Trust website	No. There is a link to the LSA Forum website.	Consider with women whether this information could/should be included.
	Are the name and contact details of the LSAMO clearly displayed?	SoM page on Trust website	Yes.	
	Can you find the SoM pages easily from the Trust home page or using the Trust search function?	Trust website	Yes.	
	Is the website information "mobile friendly"?	SoM page on Trust website	Yes.	
	Does the information on the website	SoM page on Trust website	Photographs of SoM	Evaluate how information

Classification: Official

	encourage contact and engagement with supervision?		Team are good (although not up to date), but the text is somewhat cold and “matter of fact”. Only way to make contact is via telephone call followed by an appointment. Facebook page/pages not mentioned, neither is referral via a woman’s own midwife.	about supervision could be made more engaging to women and their families. Ensure that SoMs, women, midwives and others are included in this evaluation.
Ask women	Have you seen the information about supervision on the Trust website?	Discussion with women on postnatal wards on the day of the audit visit. None of the women I spoke to had looked at the Trusts website.		Evaluate with women, midwives and others what information should be included and how it should be presented. Consider how the webpage is promoted and when women are directed to it. Also look at webpages from other SoM Teams in the region and discuss what the pros and cons of their content.
	Was it useful? In what ways? How could it be improved?	As above.		As above.
Ask SoMs	How has the information on the website been evaluated to ensure it meets the needs of women?	Emails exchanged with two members of SoM team.	SoMs enquire when meeting with women. Not clear what action is taken following this.	Online survey is planned. Ensure that it is clear that evaluation is meaningful and show what action is taken as a result.
	What system is in place to ensure the SoM email responses are monitored and handled appropriately?	Emails exchanged with two members of SoM team.	Not clear what system is in place.	Ensure that there is a robust system in place that can reassure SoMs, midwives and women that email enquiries are handled appropriately and

Classification: Official

				that they are monitored to enable any trends or issues to be seen.
	What kind of themes arise from email?	Emails exchanged with two members of SoM team.	No information was available about themes arising from email contacts to the SoM team.	As above.
	What evidence is there that vulnerable groups of women are being reached (as per Rule 7)?	Emails exchanged with two members of SoM team.	No information was available about evidence that vulnerable groups of women are being reached by the website.	Work with the IT team at Trust level to ensure that any data relating to views or hits on the maternity pages is shared with the SoM Team. Evaluate how women who are vulnerable choose to engage with the service and review how the website might support them better.
	How do you audit or monitor how women contact you electronically?	Emails exchanged with two members of SoM team.	"Numbers viewing" are monitored via the Trust IT Dept.	Work with the IT team at Trust level to ensure that any data relating to views or hits on the maternity pages is shared with the SoM Team regularly.
2(b)	Please review the information about supervision on the SoM Facebook page			
	Does the information make clear the purpose of supervision?	Bath Maternity Facebook Page.	Yes, although "safety" and "protection of the public" are not mentioned. Not very "women focused".	Evaluate what women think about the Facebook page and the information on it.
	Does it identify when and why a woman might want to contact a SoM?	Bath Maternity Facebook Page.	Not very clearly, not woman focused.	As above.
	Is it clear from the information how to	Bath Maternity Facebook	No. This could be much	As above.

Classification: Official

	contact a SoM 24/7?	Page.	more explicit.	
	Is there an explanation of the function of the LSA and why a woman may want to contact the LSAMO?	Bath Maternity Facebook Page.	No.	As above.
	Are the name and contact details of the LSAMO clearly displayed?	Bath Maternity Facebook Page.	No.	As above.
	Does the information on the Facebook page encourage contact and engagement with supervision?	Bath Maternity Facebook Page.	No. The page is quite engaging and chatty (although not always SoM focused) but the information about the page and its purpose is not woman focused and uses a very different "tone of voice".	As above.
Ask women	Have you seen the information about supervision on the Trust website and/or SoM Facebook page?	Discussions with women and their families on Princess Ann Wing.	None of the women I spoke to on the day of the audit had accessed the website or the Facebook page.	Evaluate with women, what information should be included on the webpage and the Facebook page.
	Was it useful? In what ways? How could it be improved?	Discussions with women and their families on Princess Ann Wing.	As above.	As above.
Ask SoMs	How has the information on the Facebook page been evaluated to ensure it meets the needs of women?	Emails exchanged with two members of SoM team.	SoMs enquire when meeting with women. Not clear what action is taken following this	Online survey is planned. Ensure that it is clear that evaluation is meaningful and show what action is taken as a result.
	What system is in place to ensure the SoM Facebook page responses are monitored and handled appropriately?	Emails exchanged with two members of SoM team.	Four SoMs have admin rights to the FB page and it is "continuously	Put in place monitoring to show the number and type of contacts generated but the

Classification: Official

			<p>monitored around the clock". Responses on the page are visible to all so this ensures that the admin SoMs do not send "conflicting responses".</p> <p>"Any negative feedback/complaints are handled with the Trust Complaints procedure in mind. The woman/person is offered contact No.s for PALS/SoMs/Management as is appropriate and offered the opportunity to progress a complaint through the formal route. Sensitive information can be deleted from the site if deemed appropriate, e.g. a midwife's name."</p>	<p>Facebook page.</p> <p>Formalise the role and responsibility of the SoMs acting as admin on the page to ensure that best practice and experience can be shared within the team and more widely.</p> <p>Ensure that policies relating to fairness, anti-discrimination, complaint handling, data protection and disclosure are taken into account.</p> <p>Evaluate the effectiveness of the Facebook page/admins in dealing with difficult situations and/or during busy periods.</p>
	<p>What kinds of themes arise from social media?</p>	<p>Emails exchanged with two members of SoM team.</p>	<p>Currently the main theme to emerge is "care" – usually positive and usually relating to midwives and/or doctors. Another theme is around visiting times/restrictions and facilities for partners during and post birth.</p>	<p>Ensure that themes and trends emerging from social media are monitored and reported to the wider SoM team and others as necessary for discussion and action where appropriate.</p>
	<p>What evidence is there that vulnerable groups of women are being reached (as per Rule 7)?</p>	<p>Emails exchanged with two members of SoM team.</p>	<p>One of the aims of setting up the Facebook page was to better engage with women under 25 years old. Statistics provided by Facebook show that the majority of "engaged</p>	<p>As a SoM team and with others in the Trust work to identify how the Facebook page might be used to reach more tightly defined "vulnerable groups" and women who are harder to</p>

			users” are less than 25 years old according to their Facebook profile.	reach. At the same time consider whether another model of “admin” might be necessary to meet the needs of these women.
	How do you audit or monitor how women contact you electronically?	Emails exchanged with two members of SoM team.	Monitoring of contact via Facebook is done through the admin pages on Facebook. Weekly analysis is provided.	Discuss with the SoM team whether the data provided by Facebook could/should be supplemented by other monitoring carried out by SoMs, for example spotting emerging trends, overlaying other data showing birth rate/staffing levels etc. in order to better understand when and why women choose to engage via this route.
NMC Rule	Evidence required	Evidence reviewed	Conclusions	Recommendations
3	Review three anonymised SoM care plans written for women with complex needs to make sure these are women-centred and meet the requirements of the NMC Code:			
	Is there evidence contained within the plans that women are treated as individuals?	Plans provided by SoM team. (Not all available on the day of the audit, not all completely anonymised.)	Yes. Plans all showed that discussions had taken place with women and that they had been listened to.	
	Do women have a copy of the plan?	As above.	Care plans for women with complex needs are generally written directly into the woman’s hand held notes.	Consider using a letter or report format for care plans that are sent to the woman separately. A copy can also be stuck into the hand held notes but it would be “owned” by the woman and more easily circulated (electronically) to any staff/agencies that needed to be informed.
	Is there evidence that women are	As above.	There is no indication of	LSA team to review the

Classification: Official

	treated equitably and without discrimination?		any discrimination within the plans.	wording of this question and agree what “evidence that a woman [has been] treated equitably” might look like.
	Is there evidence that SoMs or other midwives have acted as advocates to help women access information and support?	As above.	In the plans that I saw there was no evidence of the SoM/midwife acting as an advocate on the woman’s behalf or providing her with access to information and support.	Be more explicit in the care plan when this takes place.
	Is there evidence that women have been listened to and their preferences taken into account?	As above.	Each of the plans that I saw gave a good account of the woman’s previous experiences and/or wishes for her care.	The plans which I saw supported the woman’s wishes and preferences but none really explained that birth is unpredictable and that things might have to change from the plan.
	How have women contributed to the plans?	As above.	The plans I saw were mostly accounts of conversations which had taken place.	If a more formal format is decided upon consider including a line requesting that the woman contacts the SoM/SoM Team/midwife if she is not happy with the detail of the plan or would like to discuss things further.
	Are plans written in language that women can understand? Are they written with respect and compassion?	As above.	A very easy, relaxed style of writing has been used in each of the plans I have seen. Although some medical terms have been used in the main I would say that they could be understood by a	Evaluate care plans from time to time to ensure that the language used is appropriate.

Classification: Official

			woman and her partner.	
	Are plans referenced to enable women to access evidence or guidance on best practice?	As above.	No.	Ensure that where preferences, procedures and risks are talked about in a care plan there is a source/link given to enable the woman and her partner to further understand the choices they are making and the alternatives available to them.
	If women have declined particular aspects of care, is this made clear in the plan? Is the recommended course of action clearly documented so the woman knows what she is declining and risks that may arise?	As above.	This was not really covered in the plans that I saw.	Ensure that where a woman makes a choice about an aspect of her care which is against medical advice this is clearly stated in the plan, that the reason that this course of action is not recommended is included and the risks associated with the various options are detailed so that she can make a fully informed choice.
Ask SoMs	How are members of the wider care team involved in complex care planning?	Discussion with SoM team.	Plans are often discussed with the SoM team and with medical colleagues where necessary. The team described a style of collaborative working with other professionals.	Consider the production of flow chart/diagram to describe how, why and when the wider care team would become involved in the care plan for a woman with complex needs.
	How are plans kept secure and confidential?	Discussion with SoM team.	Where plans are in an electronic format they are stored on a secure SoM drive. Otherwise they are kept in a folder in the SoM office (locked) and a copy in the woman's hand held notes.	

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	How are plans shared with other members of the care team?			Consider using a letter or report format for care plans that are sent to the woman separately. A copy can also be stuck into the hand held notes but it would be "owned" by the woman and more easily circulated (electronically) to any staff/agencies that needed to be informed.
NMC Rule	Evidence required	Evidence reviewed	Conclusions	Recommendations
4	Meet with MSLC or user forum leads			
	How do the SoMs communicate and engage with them?	Forum lead not available so asked questions of Vicky (SoM and HoM). Forum meetings are now attended by a SoM (sitting as a SoM) as well as other members of the SoM team who attend in other capacities. The SoM team shares information, for example the results of an audit into the birth environment with the MSLC.	It was not clear to me that the SoM Team are currently engaging in a meaningful way with the MSLC. Although there are several SoMs attending the meetings in various rolls I did not get the impression that there was a strong relationship or communication between the two bodies.	Revisit the SoM Teams relationship with the MSLC for Somerset and for Wiltshire and ensure that the level of engagement is appropriate and enables both bodies to serve local women and their families.
	How are women's concerns raised with SoMs and how do SoMs respond.	This rarely happens; when it does it is usually via informal approaches.	As above.	As above.
	How is positive feedback from women relayed to SoMs and the service?	Not common via this route but positive comments about birth centres and Princess Ann Wing from recent birth place audit.	As above.	As above.

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NMC Rule	Evidence required	Evidence reviewed	Conclusions	Recommendations
SoM Presentation	How do SoMs create opportunities for women to actively engage with and influence maternity service provision?	Attended SoM Presentation at the start of the audit visit. Focus on RUH Facebook page and mention of SoM of the Day initiative.	It is hard to give firm examples as supporting evidence was not available and the presentation highlighted a couple of areas of work and so was not comprehensive.	LSA Team to consider how this section could be assessed in a fair and robust way.
	What evidence is there that SoMs have actively listened and provided support to women who raise concerns about the care they have received?	Attended SoM Presentation at the start of the audit visit. Focus on RUH Facebook page and mention of SoM of the Day initiative.	There was not a strong indication that the work around user engagement has been prompted by women and their families. The presentation did not detail any specific instances where women have raised concerns about the care they have received.	LSA Team to consider how this section could be assessed in a fair and robust way.
	How do SoMs provide additional support to vulnerable women who are experiencing difficulty in access the maternity service?	Attended SoM Presentation at the start of the audit visit. Focus on RUH Facebook page and mention of SoM of the Day initiative.	The presentation included information about “reach” and “engagement” with users of the Facebook page but without robust statistics around who those using the page are and how “vulnerable” or “hard to reach” they otherwise might be.	LSA Team to consider how this section could be assessed in a fair and robust way.
NMC Rule	Evidence required	Evidence reviewed	Conclusions	Recommendations
5	Review of the care environment			
	How have you found getting to, from, and around the unit? What is the	Discussion with women and their families on Princess Ann	Parking is “really bad”, “there were 16 or 17 cars	Ensure that women and their families are warned that

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	parking and signage like?	Wing. My own impressions from touring the unit.	waiting in line when we came in”, “we’ve been lucky, it’s been ok”. There is no discounted parking available for people using the maternity services on this site. There are a lot of signs of several different types and styles in the corridors and on the walls and doors of Princess Ann Wing. This looks somewhat tatty and disorientating.	parking is an issue. Review with women and their families how much of the current signage could be removed and how the remainder could be improved.
	If you arrived at night, what was that experience like?	Discussion with women and their families on Princess Ann Wing.	The families which I spoke to on the day of the audit visit had not arrived at the unit at night.	Seek out women who have arrived at the unit outside of “normal” hours and review their experiences. Consider whether their experience could be improved in the future.
	What is your impression of the unit and the staff when you first arrive?	Discussion with women and their families on Princess Ann Wing.	“Wonderful, they are very busy, frantic! – but they don’t make you feel like that.” Staff are friendly and outgoing, helpful. “Welcome, cared for”. The women and their partners that I spoke to were very well aware that the unit is VERY busy and that the midwives are stretched. Although none complained they were aware of it and were concerned for the	Care must be taken that when things are busy the standards of care that the SoMs and midwives would like to give to their women are achieved.

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			wellbeing of the midwives!	
	In what ways do you think the service supports normal birth?	Discussion with women and their families on Princess Ann Wing.	<p>“Positive encouragement, they let you do what you want to do, they are calm.”</p> <p>Some of the women I spoke to had not had normal births and so they did not answer this question.</p>	Continue to promote normality in birth and empower women to achieve the birth experience they would like.
	What are the facilities like for partners and visitors?	Discussion with women and their families on Princess Ann Wing.	<p>“In the recovery room they were good; there was a bean bag for sleeping.”</p> <p>“They offered me tea, coffee, cereal and toast.”</p> <p>“It was all good, even though the amenity rooms were full.”</p>	Continue to monitor how women and partners feel about the facilities for partners and families on the unit.
	In what ways do you think the service supports new mothers and fathers caring for their babies?	Discussion with women and their families on Princess Ann Wing.	<p>“Everyone is really helpful.”</p> <p>One woman was offered breast feeding support but they “haven’t really got time to be 1-2-1.”</p> <p>One woman liked the meeting for mums that was held about registering your baby, feeding etc.</p> <p>“You are left to your own devices but if you need them there’s the buzzer”</p> <p>“We feel very well looked after.”</p>	Ensure that where assistance is offered there is provision to meet that need.

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	What is your lasting impression of the unit and the staff?	Discussion with women and their families on Princess Ann Wing.	<p>“Very good.”</p> <p>“Wonderful, amazing!”</p> <p>“Friendly”</p> <p>“Everyone from the cleaners to the consultants has been good.”</p> <p>“They are over run and under staffed.”</p>	Ensure that the perception of being over worked and understaffed does not negatively impact on care and safety of women and babies.
NMC Rule	Evidence required	Evidence reviewed	Conclusions	Recommendations
Summary	Please identify any areas of good supervisory practice that you would like to highlight.	Attending presentation, various meetings with members of LSA audit team, tour of unit and speaking to women on Princess Ann Wing.	The team have been through several changes over the past few months; though this time they have continued to develop inactivates like SoM of the Day and the Facebook page. These have increased the profile of supervision within the Trust and have also made supervisors more available to women and their families.	Ensure that as this period of change continues the focus on “the safety of women and babies” is not lost.
	Are there any areas that particularly concerned you?	Attending presentation, various meetings with members of LSA audit team, tour of unit and speaking to women on Princess Ann Wing.	<p>Not all of the SoM team seemed to be as active as each other. Many of the SoMs have substantive roles that may cut across supervision which could lead to a situation where the SoM team becomes unbalanced.</p> <p>Care planning for women</p>	<p>Ensure that all members of the team are actively involved in supervision and that can be demonstrated at audit and at other times. Support SoMs to fulfil the role and to share the responsibility as a team.</p> <p>Review and discuss how care planning for women with complex needs could be improved to the benefit of</p>

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			with complex needs appears to have little consistency in the approach taken by SoMs involved.	women and their families, midwives and other professionals with special reference to the way that plans are written and communicated.
	Are there any actions that you feel the LSA should be taking as a matter of urgency arising from this audit?	Attending presentation, various meetings with members of LSA audit team, tour of unit and speaking to women on Princess Ann Wing.	Unattended medical notes on reception desk on Princess Ann Wing.	Ensure that medical notes are not left unattended on the reception desk and that when the clerk is called away there is a system for securing them/removing them from sight/keeping them safe and confidential that is fast, effective and easy to carry out.

10 Peer SoM Report 1

Trust: Bath
Date: 1 October 2015
SoM (name and signature): Anita Heddich (SoM in Oxfordshire)

Thank you for joining the LSA audit team for this visit!

Unless you have been informed otherwise by the LSA midwife so-coordinating the audit, please report to the maternity reception at 0900 and say you are part of the LSA audit team visiting the supervisors of midwives.

This is an excellent development opportunity for you as a SoM; in fact, we recommend that every SoM takes part in an external audit every two years. Please record this learning experience on the LSA database by summarising your key learning points and reflecting on how you will apply this learning to your own practice and to the work of your SoM team. Joining the audit team is also an excellent opportunity to network with other SoMs and share lessons and good practice that can then be applied to strengthen statutory supervision of midwives in your own area.

The advantages to the LSA of including a peer SoM in the audit process are considerable. You provide fresh eyes on situations and processes – and will gain useful insight into the culture within the service and the SoM team. Your activities on the day may vary from the timetable supplied but will include interaction with midwives, SoMs, and students; please feel free to ask searching questions to get meaningful answers about the effectiveness of supervision. You will also have a tour of the unit and some contact with user representatives. Remember that the object of the visit is to seek assurance that supervision in this Trust is meeting the requirement of the Midwives' Rules and is visible and assessable to midwives and women.

Please complete the report template as fully as possible (depending on your activities during the day) and return by email to the LSA midwife co-ordinating the audit within five working days. The boxes will expand once you start typing.

NMC rule	Evidence required	Evidence reviewed	Conclusions	Recommendations
Rule 4	Do SoMs understand the NMC PREP requirements? How do they assess the requirements have been met? What do SoMs do if a midwife fails to meet PREP requirements?	Verbal evidence in; knowledge of increasing PREP hours requirement. Many new starters providing eportfolio evidence. Spreadsheet maintenance/certification of attendance checked. Personal portfolio brought to annual review. No evidence provided of any midwife not meeting PREP requirements	Robust responses	Consider process that could be implemented to support a midwife who had not met PREP requirement. Ensure midwives are aware of the increased hours of PREP needed for revalidation.
	How do SoMs communicate the ITP process to midwives? What is the process	Responsibility of individual supervisor for each of her	Verbal responses robust	Would have been useful to see flow chart evidence

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	for making sure all midwives have a current ITP?	supervisees. ITP flowchart. Information regarding ITP within the welcome/start letter. Requirement to bring portfolio on first day to corroborate training record/PIN/ITP		
	What happens to a midwife's ITP once it has been signed by the SoM?	Copy of ITP held within secretary's office with original back to midwife	A central location for copies is a good idea in case any need to be checked	
	What is the system for processing the ITPs of new midwives and agency midwives? Do you see any weaknesses in this process?	Uploaded by SoM who signed the ITP No	It may have been useful to see evidence	
Rule 6	What do midwives understand by the safe storage of records? What do they see as their individual responsibilities?	From conversations it was found that there was a good understanding of safe storage of records within the hospital		
	What is the process for the safe storage of community midwives' diaries?	I believe this was in the secretary's office, but I did not corroborate evidence for this		
	During your tour of the unit, please look for good and bad practice in the storage of records. What are your conclusions?	No records were seen on public display. Inpatient surnames were written on bay doors	Excellent protection of personal data I was concerned at this – as it is visible to the public and a 'barred' relative who gains access to the ward would have the opportunity to find who they were looking for.	Can patient names on ward area doors be removed as this is a public area and does not protect women.
	Please consider the impact of the use of	It was evident that records	This is a process current in	

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	electronic records in any form (including electronic prescribing). What challenges and solutions does this present to the safe storage of records?	are held in hand held form additionally to electronic	other units	
Rule 7	Ask SoMs about accessibility of LSAMO and the LSA midwife. Have they ever experienced difficulties contacting the LSA? What do they feel about the support they receive from the LSA? What changes would they like to see?	Very positive feedback of accessibility/support both in investigative processes and in feedback. Would like support for database use Have experienced IT difficulties with investigation template printing.	Database concerns are an issue within our team too	Try and use the help page – it sometimes is helpful
	How do SoMs communicate with midwives? Look for posters and notices and ask about newsletters. What is the tone of these communications?	A SoM noticeboard was visible in the ward area with current pictures of SoM's even with the recent changes. It had information regarding supervision		You could consider a quarterly newsletter to publicise your brilliant work on your fb page, to provide info about revalidation, positive outcomes of supervision and midwives experiences of the supervision processes for example.
Rule 10	Review three STEIS (serious incident) cases using the decision making tool (DMT). Does your conclusion match that of the team?	Yes	One of these reports was excellent	Consider using the excellent DMT as a training tool for other supervisors undertaking an investigation
	What evidence did you see of good working relationships between supervision and risk management? What are the processes for sharing information? Do you think these are robust?	Robust communication links were seen between supervisors and risk management. A spreadsheet is maintained on a central database to plot supervision and management progress throughout the investigation	A clear pathway was evident that enhances a rapid response if there is a poor outcome. A sensible decision has been taken by the risk management midwife to resign as a SoM. This promotes objectivity in	Really good to see

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		A daily 'meet' on CDS occurs to pick up any potential problems	traumatic circumstances	
	What has been the experience of midwives with reviews and investigations? How do they view the process? What recommendations would you make to improve the process from the midwives' perspective?	I did not meet any midwife who had been through this process, but it was clear that there is a high level of support provided		Just make sure you maintain the good working relationships you have with the multidisciplinary team to minimise the discomfort for those midwives involved
Medicines	What guidance is given to midwives concerning medicines management? Is there a maternity medicines policy?	A drugs guideline (2012) was shown to us		Ranitidine was listed as a midwives exemption (ME), but in the NMC rules it is a PGD Some confusion regarding Hartmans being used within the hospital. It can be used as a resus measure as a ME, but was prescribed as a ME for routine usage
	Do midwives use PGDs? What initial training is given? How is on-going competence assessed?	The only PGD is MGSO4	No training documentation was supplied	The rarity of use in community raises issue in regard to confidence in administration and maintenance of knowledge. Has an eclamptic fit occurred in the community to warrant this? They are (or should be) rare.
	Do midwives accept verbal orders in their practice? Under what circumstances? What is their understanding of NMC standards relating to this practice?	Yes, in emergency circumstances for blood pressure control. Discussion also occurred around email orders, but with the comment that this is possibly too time consuming for those involved	Awareness was demonstrated in documentation and the need for drug chart to be signed on admission of the woman	Can a link be made within your guidelines to that allows an email to be sent to the community for labetalol or nifedipine? It would save time and could contain generic careplan evidence of what has been discussed. This could be printed out and added to

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				maternal records.
Culture	What is your perception of the relationship between SoMs and midwives? How do SoMs contribute to a culture of empowerment, respect, and compassion?	It was evident that there is a sensitivity from SoM's to midwives. I chatted with students and they had had positive contacts		I am aware it was a busy day – could 2 midwives have a paid day to attend the audit? This could form a reflection for their own revalidation and CPD
	What concerns do midwives have regarding supervision? How are these concerns being addressed?	It was too busy to discuss with midwives		
	What is your perception of the language used by SoMs in relation to women and other service users? Is it inclusive and respectful? Please consider both verbal (conversations and presentations) and written communications (posters, notices, complex care plans).	The facebook page is a fabulous initiative to draw in those who may not naturally offer feedback You have promoted 'count the kicks' and have opportunity to promote other issues like safe sleeping etc I did not have chance to look at complex care planning The 'survey monkey feedback' for supervision contact is a good wa	The fb initiative is something you should audit and write up for the RCM magazine – promote yourselves☺ Also track what happens with 'In your shoes' and your survey monkey regarding supervision	Perhaps do not do anything more new – concentrate on the what you have developed
Summary	Please identify three areas of good supervisory practice.	Supervisor of the day The good links between risk management and supervision that promote clarity in investigative processes The obvious effort to reduce drug errors and		I am fairly sure this is promoted on your fb page – is there a mobile carried by the supervisor of the day for immediate contact?

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		understanding that this is an ongoing process		
	Are there any areas that particularly concerned you?	As below		
	Are there any actions that you feel the LSA should be taking forward as a matter of urgency arising from this audit?	I am concerned that CTG is used in the community. It provides the opportunity for use in the 'just checking' scenario, missed interpretation and bad outcome. Community is a low risk setting not used to what can be complex interpretation. The fact that CTG's are faxed to the hospital for review opens up the risk of it being sent to the wrong number, and quality of the print when it arrives making interpretation difficult	Fax may not be a secure method for sending information. Are fax machines in community settings programmed so that only the RUH can be faxed	Do you have a SOP for sending patient identifiable information
	What have you learnt today that you will share with your own SoM team to improve practice in your own area?	The facebook page! The spread sheet for investigative process The SoM report for the WCG meeting	There is a superb relationship between supervision and management that is enviable	Thank you so much for being so welcoming. I have really enjoyed spending time with you and understand the stress and time it takes to prepare for something like this. You have worked hard as a team

Rule 4

11 Evidence presented by the team

Notifications by local supervising authority




Rule 4 Notification by the Local Supervising Authority

Rules



- (1) Each local supervising authority in Wales, Scotland or Northern Ireland must publish:
- (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).
- (1A) The local supervising authority in England must publish:
- (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).
- (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.

LSA standard

- 1 In order to meet the statutory requirements for the supervision of midwives, a local supervising authority must ensure that:
- 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	SoM team self assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
Personalised ITP notification forms would have been sent to all midwives whose name appears on the effective register as of 31 st 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>Staff Rota checked by HHH on day of audit 100% compliant</p> <p> ITP FLOWCHART.docx</p> <p> new_starter_letter[1].docx</p> <p> ITPReviewfromJamesScott.tif</p>	<p>Every midwife has a current ITP</p> <p>There is a clear and robust process for receiving and uploading the annual ITP submission</p>	<p>Although there is a process for submission of annual ITP it is not clear or there is possibility that some midwives are not communicated with</p>	<p>There are midwives who do not have a current ITP</p> <p>There is no evidence of an annual ITP upload process</p>	

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	See above documents	There is a clear and robust process for receiving and uploading ITP's from new starters, bank /agency, returners from long term sick or maternity leave	There is a process for receiving and uploading ITP's from new starters, bank /agency, returners from long term sick or maternity leave but it is not clear and is open to failure to receive and upload ITP's	There is no clear or robust process for receiving and uploading ITP's from new starters, bank /agency, returners from long term sick or maternity leave	
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 registered practice in each 3 year Notification of Practice (NoP) cycle (this assessment can be done at the annual review). SoMs should use the NMC PREP standards	 Annual_review_temp_late_v2[1].docx	ITPs are only signed when a SOM has verified a midwives compliance with the PREP standard at annual review in the immediate 12 months prior to the submission of the ITP to the NMC		ITP's are signed without SOM verification of a midwives compliance with the PREP standard at annual review in the immediate 12 months prior to the submission of the ITP to the NMC	
	 SoM_Minutes_08-SEP-15[1].doc See item 7 from meeting minutes 08/09/15	Every eligible midwife has had an annual review in the last 12 months and it has been uploaded to the LSADB		There are midwives in the maternity unit who annual reviews are out of date THERE MAY BE VALID REASONS FOR THE SMALL SHORTFALL BUT REASONS WERE NOT PRESENTED.	
	See annual review document / waiting approval new annual review document Oct 15 (Contact SoM)	The annual review contains assurance that the midwife is compliant with the PREP standard	There is some assurance of compliance with the PREP standard but it is not clearly recorded	The annual review does not contain assurance that a midwife complies with the PREP standard	

for guidance					
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**Rule 6
Records**

Rules
 (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 standards
 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	SoM team self assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		Met	Requires Improvement	Not Met	
Midwives have a responsibility to keep secure any records that contain person identifiable and/or clinical information (this	Work in progress, delay due to maternity admin review. Person in post arranging storage has left the trust. Identified as a clinical risk, on the	All records are stored securely so that patient confidentiality is maintained	Records are stored but patient confidentiality may be breached due to accessibility of records.	Records are not stored securely and patient confidentiality is breached	Insufficient evidence presented to LSA

includes work diaries)	Trust Risk Register VT- HoM lead for action On Action list September 2015  Action List - SEP-2015.doc	There is an organisational records policy that includes direction on storage of records and diaries with clinical details for 25 years	There is an organisational records policy that includes direction on storage for 25 years but is not clear on types of record to be stored	There is an organisational records policy but it does not include direction on storage for 25 years or on types of records to be stored	
SoMs must audit safe storage of records (this may be done in conjunction with the organisation).	Identified as an area of concern, on minutes for September 2015, item 8 SoM team writing to HoM to escalate as an issue	SOMs contribute to the audit of records and their safe storage	There is an audit of records that includes storage but SOMs contribute to this on an ad-hoc basis	SOMs do not contribute to the audit of records and their safe storage	
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 <i>Transfer of midwifery records for self-employed midwives.</i>	SoM discusses at Annual review meeting and diary storage is on clinical risk register as an outstanding issue for concern	There is evidence that SOMs have communicated with self-employed midwives regarding records transfer either by letter or via their annual review documentation	There is evidence that SOMs have communicated with self-employed midwives regarding records transfer either by letter or via their annual review documentation but no reference is made to the LSAMO Forum UK Policy	There is no evidence that SOMs have communicated with self-employed midwives regarding records transfer	Insufficient evidence presented to LSA



Rule 7
The local supervising authority midwifery officer



Rules


- (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.


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LSA standards					
<p>1 In order to discharge its supervisory function through the local supervising authority midwifery officer, the local supervising authority must:</p> <p>1.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer.</p> <p>1.2 Involve a NMC nominated person and an appropriately experienced midwife in the selection and appointment process.</p> <p>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.</p> <p>1.4 Provide sufficient resources to enable a local supervising authority midwifery officer to discharge the statutory supervisory function.</p> <p>2 To ensure the requirements of the NMC are met, the local supervising authority must enable the local supervising authority midwifery officer to:</p> <p>2.1 Using an appropriate framework, complete an annual audit of the supervision of midwives within its area.</p> <p>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.</p> <p>2.3 Involve women who use the services of midwives in assuring the effectiveness of the supervision of midwives.</p> <p>3 The role of the local supervising authority midwifery officer must not be delegated.</p> <p>4 The local supervising authority midwifery officer must not act as a supervisor of midwives.</p>					
Guidance					
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>					
LSA Expectation	SoM team self assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
The SoM team will facilitate the LSAMO to complete an annual audit of supervision of midwives within its area.	Evidence template not received from LSA until 25/9/15, original email sent to previous CoSoM. Apologies given on day of audit to HP Supporting evidence is improving on each rule (New documents embedded on template)	Evidence is sent to the LSA in good time	Evidence is presented slightly late	Evidence is presented late	
	Available online on day of audit for team to see, now uploading evidence Reinvigoration day is planned for 17/11/15 to share future vision and define roles and responsibilities for each rule Action plan included on each agenda is discussed.	There is a variety of evidence across the domains with little repetition or a small amount of appropriate cross-referencing	There is reasonable variety although some evidence may be relied on a number of times	There is over reliance on certain pieces of evidence or there are large amounts of repetitive evidence	

	 <p>Action List - SEP-2015.doc See 08/09/15 Action list</p> <p>Meeting with CoSoM and DoN 21/9/15 DoN attended LSA Audit Day on 01/10/15</p> <p>Venue on 01/10/15 fit for purpose, 2 rooms available for audit team to use.</p>  <p>audit_timetable_Oct_2015[1].docx</p>	<p>The evidence is laid out clearly with good explanation</p> <p>The evidence has been co-ordinated and reviewed before presentation to the LSA</p> <p>The action plan has been reviewed at each SoM meeting.</p> <p>Progress against recommendations has been closely monitored</p> <p>Overall progress is clearly</p>	<p>Some evidence is hard to assess or is not explained but the majority is understandable</p> <p>Some members of the team are involved in the evidence to a greater degree than others</p> <p>The action plan has been periodically reviewed</p> <p>Progress against recommendations has always been effectively monitored</p> <p>Overall progress against the action plan was not clearly</p>	<p>There is no explanation of the evidence and much of it is hard to assess It is unclear what the supervisory input has been or why the evidence is present</p> <p>There is a lack of co-ordination of evidence The evidence relies on a few motivated individuals</p> <p>The action plan has rarely been reviewed</p> <p>There is little progress and there has been limited monitoring</p> <p>Limited evidence was</p>	
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		summarised at the LSA audit with a variety of supporting evidence	presented at the audit Evidence was limited	presented to demonstrate actions or achievements	
		There is involvement of the DON and Trust governance in the audit visit	There is involvement of either the DON or Trust governance in the audit visit	There is no involvement of either the DON or the Trust governance in the audit visit	
		There is an agenda for the visit that is focused on demonstrating compliance and ensures that the audit team have access to women, midwives and the MDT	There is an agenda for the visit but it is not focussed on providing assurance of compliance. There is ad-hoc access for the audit team to women, midwives and the MDT	There is no clear agenda or focus on demonstrating compliance.	
SoMs must involve and engage with women who use the services of midwives in assuring the effectiveness of care and of the supervision	 LSA AUDIT 01.10.15 what works well.pptx  Drug_error_RUH_temp2.pptx Facebook "Bath Maternity" (SoM administrative)	SoM team uses a variety of ways to publicise the team and their contact methods, to women and their families, NMC leaflet is widely distributed Supervisors are easy to find on	SoM team have posters up and information on the website. NMC leaflet is available in ad hoc way Web information is present, not necessarily easy to find and	The team are not well publicised in the unit and women have a mixed experience of getting hold of a supervisor, NMC leaflet is not	

of midwives.	<p>RUH, IT department have improved access to SoM page on website through generic search engine http://www.ruh.nhs.uk/patients/services/maternity/supervisormidwives.asp</p>	<p>the Trust web pages and have a range of welcoming information available to women including when to call, how to call and links to a variety of useful information</p> <p>There is a dedicated email/telephone for contacting a SoM</p>	<p>limited in content. Contact details are clear and when to call</p>	<p>available</p> <p>Information about services on the web is poor quality, limited and hard to find</p>	
	<p>Survey Monkey feedback to be launched December 2015 (anonymous)</p> <p>SoM of the day, contact women to follow up and provide feedback 2-3 weeks post meeting with SoM.</p>	<p>SOMs ascertain feedback from women who have had contact with a SOM and use this to shape the way they provide support to women</p>	<p>SOMs ascertain feedback from women who have had contact with a SOM but do not use this to shape the way they provide support to women</p>	<p>SOMs do not ascertain feedback from women who have had contact with a SOM</p>	
	<p>SoM now actively engage with new "In your shoes" 1;1 feedback initiative within maternity services</p> <p></p> <p>Maternity_In_Your_Shoes_Poster_v2_(3)[</p>	<p>The SoM team collect information about service users views and formulate an action plan on the basis of this</p>	<p>Service users views are sought out but there is lack of action on the results</p>	<p>Service users input is collected by the Trust, SoM's are aware of this and may support it but the team do not make use of the data</p>	

	<p>Work in progress, escalated to LSAMO by Anita Johnson SoM (Education) to facilitate attendance for the MSLC meetings. Email trail available if needed</p>  <p>SoM Minutes 09-JUN-15.doc</p> <p>June Minutes 2015, Item 3</p>	<p>The SoM team have a minimum 90% attendance at MSLC meetings and are active contributors eg sharing their LSA audit and annual report and seeking MSLC contributions</p>	<p>SoM team attend the MSLC on 75 – 90% of occasions. Contribution is limited</p>	<p>SoM team attend less than 50 % of MSLC meetings</p>	
<p>SoMs must be available to offer guidance and support to women accessing maternity services and that these services respond to the needs of women with complex care needs and vulnerable women who may find accessing care more challenging.</p>	<p>Amanda Gell, SoM and Karen Patrick SoM to email this to Sarah Bird (Lay user), agreed on day of LSA Audit 01/10/15</p> <p>RUH Facebook page addresses engagement with service users, see “What works well” presentation by Jo Coggins 01/10/15</p>	<p>SoM team demonstrate multiple examples of involvement in supporting women’s choices including care planning and multi-disciplinary working.</p>	<p>Limited examples presented of care planning and supporting women’s choices</p>	<p>Team do not present examples of supporting women’s choices or participation in care planning</p>	
		<p>Service users who are hard to reach are actively sought out for their input</p>	<p>Service users who are harder to reach are not well represented in such activities/ feedback</p>	<p>There is no attempt to reach a variety of users of the service</p>	

<p>The SOM team ensure that midwives uphold the principles of the Code (NMC 2015)</p>	<p>Addressing this through “In your shoes”, plan to roll out to the Birthing Centres in November 2015</p> <p>Evidence template to be discussed and agreed at the reinvigoration day 17/11/15</p>  <p>Reinvigoration SoM day 171115.doc</p>	<p>The SoM team are ambassadors for treating women with kindness and respect and advocating for women’s voices to drive service delivery at every opportunity and are leading work on developing this across the service</p> <p>Contacts between SoMs, Midwives and Women are not all led by Supervisors but show midwives and women find the team accessible and approachable</p>	<p>The SoM team will work well with women when opportunities present themselves and try to advocate for women’s views on some projects</p> <p>Contacts between SoM’s and women and midwives tend to be initiated by SoM’s</p>	<p>The SoM team work with women effectively when asked to, tend not to advocate for women’s views in project work/service development</p> <p>Team have limited evidence of contacts with women and midwives</p>	
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Rule 8
Supervisors of midwives

Rules


- (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

Classification: Official

<p>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:</p> <p>1.1 Publish a policy setting out its criteria and procedures for the appointment of any new supervisor of midwives in its area.</p> <p>1.2 Maintain a current list of supervisors of midwives in its area.</p> <p>1.3 Ensure provision of a minimum of six hours continuing professional development per practice year.</p> <p>2 To be appointed for the first time as a supervisor of midwives, a midwife must:</p> <p>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.</p> <p>3 She must also have either:</p> <p>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;</p> <p>or</p> <p>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.</p> <p>4 For any subsequent appointment as a supervisor of midwives, she must be a practising midwife and:</p> <p>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</p> <p>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.</p> <p>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).</p>					
LSA Expectation	SoM team self assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
Any midwives on the Preparation of Supervisors of Midwives (PoSoM) must have been through LSA selection processes.	2 confirmed PoSoM candidates for January 2016, 5 places had been funded by Trust See above  Caseload Meeting minutes 09-JUN-15.docx See item 5	Nomination, selection and appointment of future SOMs occur as per LSA guidance		Nomination, selection and appointment of future SOMs does not occur as per LSA guidance	
		There is a robust succession plan demonstrated		There is not a robust succession plan demonstrated	
		Teams show awareness of recruitment needs and are constantly talent spotting and developing midwives	Teams recruit in an ad hoc way when need is pressing	Teams struggle to recruit and show few initiatives in developing staff	

Classification: Official

Each SoM must demonstrate ability to achieve the competencies set out in the NMC (2012) Standards for the preparation of supervisors of midwives.	See minutes from 08/09/15 Item7  SoM_Minutes_08-SEP-15[1].doc	Every SOM has completed their PREP activities	Over 75% of the SoMs have completed their PREP activities	Less than 75% of the SoMs have completed their PREP activities		
	See LSA database Trust provide protected time 7.5 hrs and 15hrs for CoSoM monthly See individual SoM competency on LSA database, give feedback	Review of activity sheets demonstrate that all SOMs have designated time per month for supervisory activities	Review of activity sheets demonstrate that 99% to 80% of SOMs have designated time per month for supervisory activities	Review of activity sheets demonstrate that <80% of SOMs have designated time per month for supervisory activities		
		Every SOM has completed the LSA competency document which benchmarks their performance against the POSOM education standards	Some SOMs have completed the LSA competency document which benchmarks their performance against the POSOM education standards	None of the SOMs have completed the LSA competency document which benchmarks their performance against the POSOM education standards		
It is the responsibility of the team to raise concerns about the competence of a SoM directly with the LSAMO	No current concerns	Concerns have been raised with the LSAMO/ there have been no concerns in the last year		There are concerns but they have not been raised with the LSAMO		
A current list of SoMs is available on the LSADB and will be reported in the LSA audit report.	On LSA database and in clinical areas	All SOMs are listed on the LSADB and any resignations or leave of absences have been notified to the LSAMO and are reflected on the LSADB		There is an inaccurate list of SOMs on the LSADB because resignations or leave of absences have not been notified		

**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;





Classification: Official

(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 Expectation	SoM team self assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		<i>Met</i>	<i>Requires Improvement</i>	<i>Not Met</i>	
There is a local framework for supervision	Action list reviewed at each SoM meeting  Action List - SEP-2015.doc Ongoing action	Up to date SOM strategy available	SOM strategy is not up to date	SOM strategy not presented	
		Women and midwives have 24hour access to supervisory advice		Women and midwives do not have 24hour access to supervisory advice	Insufficient evidence presented to LSA
	1 som non - compliant as per database, to be addressed further at reinvigoration day.  Reinvigoration SoM day 171115.doc	There is a minimum of 75% attendance at SoM team meetings over the year by each SoM	Attendance at SoM team meetings averages 50 – 75%	Attendance at SoM team meetings is sporadic by many team members. Any meeting is cancelled because of not being quorate	Insufficient evidence presented to LSA
		Meetings are run effectively i.e. defined agenda, actions, decision making, run to time, process for agenda and minute taking and distribution, terms of reference	Meetings run reasonably well, there is an agenda and minutes which are distributed. Actions may not be clear or followed up to ensure completion. Terms of reference are	Meetings are not well run. Minutes and agenda are managed in an ad hoc way. Actions are not followed up and meetings are not described as productive by the majority of the	


Classification: Official

	<p>See attached minutes</p>  <p>SoM Minutes 08-SEP-15.doc</p> <p>New starter letter / ITP</p>  <p>ITP FLOWCHART.docx</p>  <p>new_starter_letter[1].docx</p> <p>SoM of the day includes drop in sessions for women, midwives and student midwives</p> <p>Currently discussed at annual review and after incidents</p>  <p>Annual_review_temp late_v2[1].docx</p>	<p>agreed and kept to</p> <p>SoM team are engaged in strategies to support Midwives, students, student SoMs and newly qualified midwives in practice and in understanding supervision</p> <p>Strategies include developing skills in working with women at risk of knowing less (English is not their first language), vulnerable women, keeping normality in the face of complexity</p> <p>SoM team create regular and varied opportunities for midwives to reflect on practice</p>	<p>not well known by the team</p> <p>Team are involved in teaching and support strategies for midwives, students, student SoMs and newly qualified midwives but may not reach all groups, or that many from any one group</p> <p>Strategies tend to be restricted to classroom teaching sessions</p> <p>Reflective sessions are offered by the team on an ad hoc basis.</p>	<p>team.</p> <p>Teaching and support strategies are limited to midwives mandatory training sessions</p> <p>Reflective sessions offered on ad hoc basis prior to the audit date</p>	
<p>All student midwives must have access to a SoM and there should be local systems for this.</p>	<p>Named SoM allocated to all student midwives Bridget Dack and Cindy Stamp</p>	<p>Every student midwife cohort/individual has a named SOM</p> <p>Student Midwives have a SoM, have had a significant meeting (maybe in a group situation) and are aware of how to contact</p>	<p>Not every student cohort/individual has a named SOM</p> <p>Student midwives have a SoM, know who it is but have not had a significant meeting with her/him, and are aware of how to contact a</p>	<p>None of the cohorts/individual student midwives has a named SOM</p> <p>Student midwives cannot identify their named SoM have not met with them, and are unclear about contacting a SoM</p>	

Classification: Official

		both their own and an on-call supervisor if required	supervisor if required		
		There is SoM representation on at least two HEI meetings	SoM team attend one HEI meeting may be in substantive role	No SoMs attend any HEI meeting	
		SoMs teach student Midwives about supervision	Supervisors may have some input to student midwives knowledge of supervision	Supervisors do not teach student midwives about supervision	
Ratio 1:15 (adjusted if there is a full time SoM or additional time is given).	Currently 1:15, we have 16 SoMs and 237 midwives as of 30/09/15 Advised at start of employment by contact SoM Recent change in retiring SoM's caseloads have been adjusted accordingly	SoM to Midwife ratio of 1:15 or less		Ratio of SOM to midwife is > 1:15	
		Every midwife in the maternity unit has a named SOM		There are midwives who do not have a named SOM	
		Arrangements for changing named SOM are evident and midwives are aware	Arrangements for changing named SOM are evident but midwives are not aware.	There are no arrangements for changing named SOM are evident and midwives are not aware. INSUFFICIENT EVIDENCE	Insufficient evidence presented to LSA
		There is equity in caseloads	Caseloads are unevenly spread	Caseloads show wide variation with no plan in place to improve equity	
The LSAMO will cascade information to all SoMs via CSoM. The CSoM will communicate any team issues to the LSAMO directly.	 SOMs agenda 11-AUG-2015.doc Discussed at meeting	The contact SoM or a deputy has attended 100% of LSA meetings in the last year	The contact SoM or a deputy has attended 75% or above LSA meetings in the last year	The contact SoM or a deputy has attended less than 75% of LSA meetings in the last year	
		SOM team can demonstrate communication with the LSA		SOM team do not communicate with the LSA	

Classification: Official

Resources for supervision should be reviewed at every SoM meeting and any concerns raised via CSoM to LSAMO.	Ceri Sanders, admin support	There is designated administrative support for the SOM team	There is occasional administrative support for the SoM Team	There is no administrative support for the SoM Team	
	Not identified at present time	There is a designated area for SOMs to use for supervisory activities	There is an area for SOMs to use for supervisory activities but not available at all times	There is NO designated area for SOMs to use for supervisory activities	
		Evidence that the SOM team have raised concerns to the LSA regarding resources for supervision	There is some evidence that SoMs have raised concerns but these have not been escalated fully to the LSA	There are concerns but there is no evidence that SoMs have escalated them to the LSA	Insufficient evidence presented to LSA
LSAMO Forum UK policy adhered to – Annual review of practice by a SoM	Evidence on LSA database, see August 2015 Agenda, item 8	Annual reviews undertaken in line with policy	Some annual reviews are compliant with policy but others are not	Annual reviews are not undertaken in line with the LSAMO forum policy	
Local systems have been developed to ensure that SoMs have safe storage systems of any supervisory records.	Stored in midwives personal files at PAW, bath and clinical lead office in the Birthing Centres. On October 2015 agenda for discussion  SOMs_agenda_13-0 CT-2015[1].doc	Supervisory records are either stored electronically on the LSADB or in a confidential locked facility that cannot be accessed by anyone other than a SoM		Supervisory records are either stored on the LSADB or in a confidential locked facility that cannot be accessed by anyone other than a SoM	
		Trust shared drives are password protected for access only by SOMs		Trust shared drives are not password protected and therefore are able to be accessed by other members of staff	
	SoM folder on t- drive on RUH database, that	All SOMs adhere to the locally agreed way of storing SOM	There is an inconsistent approach to storage of SOM information and	SOMs do not adhere to locally agreed processes for storage of	


	all SoM's can access. Introduced September 2015	information	SOMs are unclear of the local process.	SOM information	
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**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	SoM team self-assessment including their comments and submitted evidence	Measurement			LSA verification and comments
		Met	Requires Improvement	Not Met	
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.	 Supervisors_Datix_R eferrals_Sue_Collins(Shared Management, clinical risk and SoM spreadsheet on current	Evidence that FTP spread sheet and LSA database are maintained and up to date	Evidence that FTP spread sheet and LSA database are not maintained and up to date	No FTP spread sheet has been presented	
		100% of SOM investigations have been completed within	<100% of SOM investigations have been completed in 45	<50% of SOM investigations have been completed in 45	



Classification: Official





	<p>investigations / incidents</p> <p>Delay has been due to complex investigations. Introduction of "Buddy System" to cover AL / Sickness / shared knowledge</p>  <p>SoM Minutes 08-SEP-15.doc</p> <p>September 2015 Item 5</p> <p>Work in progress, using a multidisciplinary team approach including clinical risk team to identify areas of concern and to complete DMT. When available copy sent to HP</p>	<p>45 days</p> <p>LSA database has been maintained by each SOM involved a SOM investigation</p> <p>Investigations are fairly allocated amongst the SOM team</p> <p>All supervisory investigation findings are discussed at SOM meetings, trends identified and any learning implemented through practice changes and action planning</p> <p>Outcomes of remediation activities such as LSAPP, LAP are entered onto the LSAdb</p>	<p>days</p> <p>50% of all SOM investigations over the last year have been inputted on to LSA database</p> <p>The majority of SOM investigations have been allocated to the same SOMs</p> <p>There is some evidence that supervisory investigation findings are discussed at SOM meetings and any learning implemented . Trends may be identified with little action on practice improvement</p> <p>Some outcomes of remediation activities such as LSAPP, LAP are entered onto the LSAdb</p> <p>There is some evidence that supervisory investigation findings are discussed at SOM meetings and any organisational learning followed up with management</p>	<p>days</p> <p>Less than 50% of all SOM investigations over the last year have been inputted on to the LSA database</p> <p>A small proportion of the team are undertaking more than 50% of all SOM investigations</p> <p>There is no evidence that supervisory investigation findings are discussed at SOM meetings and any learning implemented</p> <p>No outcomes of remediation activities such as LSAPP, LAP are entered onto the LSAdb</p> <p>There is no evidence that supervisory investigation findings are discussed at SOM meetings and any organisational learning followed up with management</p>	
<p>Service recommendations evolving from investigations should be escalated to the employer and monitored by the SoM team.</p>	<p>Work in progress, on Agenda for reinvigoration day</p>  <p>Reinvigoration SoM day 171115.doc</p>	<p>All supervisory investigation findings are discussed at SOM meetings and any organisational learning followed up with management</p>	<p>There is some evidence that supervisory investigation findings are discussed at SOM meetings and any organisational learning followed up with management</p>	<p>There is no evidence that supervisory investigation findings are discussed at SOM meetings and any organisational learning followed up with management</p>	

Classification: Official

<p>All incidents, including Serious incidents, should be reported to the LSA and there should be evidence of a systematic review of midwifery practice.</p>	 <p>Multiprofessional_Incident_Review_25-AU</p> <p>(Example of tool used for multi team approach following an incident)</p>	<p>Evidence that there is a clear process for SOM team to review all incidents and complaints which highlight concerns regarding midwifery practice. Evidence of the use of the LSA Decision Making Toolkit which is uploaded into the investigation/serious incident alert.</p>	<p>Evidence is not clear regarding the process for SOM team to review all incidents and complaints regarding midwifery practice</p>	<p>There is no evidence that there is a process in place to review incidents and complaints regarding midwifery practice concerns</p>	
	<p>Multidisciplinary team meeting held within 72hrs following reported incident, to synchronize SoM / management approach</p> <p>Following MDT meeting the DMT is used in conjunction for the decision making process.</p>	<p>There is evidence that SOMs are involved in all incidents where there are concerns regarding midwifery practice in the Risk Management process</p>	<p>Less than 50% of incidents reviewed by Risk Management team include a SOM in the process to review midwifery practice</p>	<p>No evidence exists of a SOM involved in any Risk Management investigations</p>	<p>Insufficient evidence presented to LSA</p>
		<p>A decision making tool is completed and uploaded to the LSADB for each serious incident reported to ascertain if there are any midwifery practice issues. There is a clear process for review.</p>	<p>A decision making tool is completed and uploaded to the LSADB for some serious incidents reported to ascertain if there are any midwifery practice issues. This is done in an ad hoc way with no real process for review</p>	<p>There are no decision making tools completed and uploaded to the LSADB for each serious incident.</p>	<p>Insufficient evidence presented to LSA</p>
<p>There should be an effective, shared and transparent interface between supervision and clinical governance. This</p>	<p>Work in progress, identified as a need and is on the reinvigoration Agenda for 17/11/15</p>	<p>SOM representation demonstrated at 75 - 100% of all clinical governance meetings</p>	<p>SOM representation demonstrated at 50-74% of all clinical governance meetings</p>	<p>SOM representation demonstrated at less than 50% of all clinical governance meetings</p>	<p>Insufficient evidence presented to LSA</p>

Classification: Official

<p>can be achieved by</p> <ul style="list-style-type: none"> • Attending clinical governance meetings • Contributing to clinical guideline development • Undertaking clinical audit 	 Maternity Clinical Governance Minutes : 2 SoM's attend CEF meeting Not yet completed	The interface between risk management Supervision of midwives is accurately described in the maternity risk management strategy	The interface between risk management and Supervision of midwives is mentioned in the maternity Risk management strategy but not correctly described	The interface between risk management and Supervision of midwives is not featured in the maternity Risk management strategy	Insufficient evidence presented to LSA
		New guidelines published over the year demonstrate involvement of a SOM in both development and dissemination	New guidelines published over the year have SOM involvement in either development or dissemination (not both)	There is no evidence that the SOM team have been involved in the development or dissemination of new guidelines over the last year	
		Evidence presented that SOM team is involved in all aspects of audit — record keeping Administration and storage of CDs Midwifery practice	Evidence that one audit has been completed over the year	There is no evidence that the SoM team have been involved in audit as expected over the last year	
	“In your Shoes”  In_Your_Shoes_staff_briefing[1].docx Currently presented by HoM	The SoM team act to engage users in service developments including guidelines, leaflets, refurbishment, re-organisation etc The lay auditors report is included in the team strategy	Service users input is sought on some occasions to support service developments but tends to be limited The Lay auditors report is not specifically attended to in the teams strategy	Service users input is collected by the Trust, SoM's are aware of this and may support it but the team do not make use of the data No reference or acknowledgement is made of the lay auditors contribution to previous audits	

	 <p>LSA Conference Facebook and Superv</p> <p>CoSoM met with DoN on 21/9/15 DoN to attend SoM meeting 13/10/15</p>  <p>SOMs_agenda_13-0 CT-2015[1].doc</p>	<p>Members of the SoM team, other than the HoM present the teams annual report, which incorporates the LSA audit recommendations and findings, to the Trust board</p>	<p>Annual report or the LSA audit report are presented to the board may be by the HoM.</p>	<p>There is no presentation to the Trust Board</p>	
	 <p>Blue_M79[2].pdf Medicines Policy.pdf</p>  <p>Preceptorship_Packa ge_Compency_Rec (See medicines management, above) Current competency package under review to fit with RUH NMC guidelines</p>	<p>The maternity medicine management policy is clear and up to date including direction on midwifery exemptions,</p> <p>PGD's, verbal orders and remote prescribing</p> <p>Insufficient evidence presented to LSA</p>	<p>The maternity medicine management policy is unclear clear and does not include direction on midwifery exemptions, PGD's, verbal orders and remote prescribing</p>	<p>The maternity medicine management policy is unclear and out of date It may or may not include direction on midwifery exemptions, PGD's, verbal orders and remote prescribing</p>	<p>Insufficient evidence presented to the LSA</p>

12 Summary of LSA recommendations for action

NMC Compliance

Rule 4

SoMs to review the process for the handling of ITPs from new midwives and those returning from sickness or maternity leave. This process to be documented and disseminated.

Rule 6

The SoM team to work with the HoM to prepare a policy for the storage of maternity records, including the return and storage of community midwives diaries. This is now a matter of urgency.

SoMs to devise a simple record storage audit tool to use in clinical areas.

Rule 7

SoMs to review the lay auditor's report and consider her recommendations in relation to the preparation of complex care plans.

Rule 8

All SoMs to be aware of the LSA process for the monitoring of compliance with self-assessment of competency and to address any individual deficiencies.

Rule 10

SoMs to ensure that the LSA database accurately reflects incidents and investigations conducted locally.

Investigation SoMs to oversee the completion of LAPs in timely fashion. Named SoMs to complete the LSA database when LAPs are completed.

The contact SoM or deputy to schedule regular face-to-face meetings with the DoN.

Rule 11

ACTION SoMs to follow-up the finding of the audit of verbal orders and plan appropriate action in conjunction with managers and others.

13 Appendix 1: Audit visit programme

Timetable for LSA Audit Visit 2015

place **RUH**

date **1st October 2015**

venue **PGMC (Committee and Mendip Rooms)**

Time	Event	People involved
0900	Audit team meet with cSoM: admin and confirmation of plan for the day	Audit team (LSAMO, LSA midwife, lay auditor, peer SoMs) and cSoM
0915	Introductions – Mendip Room	Audit team and invited guests
0930 - 1015 (Please keep to time!)	SoM presentation 3. Thinking about your engagement with users, please answer these points: <ul style="list-style-type: none"> • What works well in your area? • What could be improved? • What do you plan to do to take this forward? 4. Please identify ONE of the recommendations made in your 2014/15 LSA audit report and address these points: <ul style="list-style-type: none"> • What progress have you made so far? • How will you take this forward? • What will success look like? (How will you recognise when you have met this recommendation?) 	Audit team and all SoMs Please invite: Lay representatives (MSLC or other) Midwives Student midwives Head of Midwifery (HoM) Director of Nursing (DoN) Lead Midwife for Education (LME) General Service Manager Risk midwife or risk manager Obstetricians Anaesthetists Paediatricians Members of the Trust Board GP representative
1015 – 1230	Please arrange for the following meetings to take place in this time slot Mendip & Committee Rooms	(Please ensure two rooms are available so meetings can run concurrently)
	10:15 Meeting with HoM (15 mins)	LSAMO and/or LSA midwife
	10:30 Meeting with DoN (15 mins)	LSAMO and/or LSA midwife
	10:45 Meeting with risk midwife/manager (15 mins)	LSA midwife
	11:00 Meeting with PALS representative (15 mins)	LSA midwife and/or peer SoM
	11:15 Meeting students as available (15 mins) Note: LSA will send a questionnaire to LME	LSA midwife and/or peer SoM
	11:30 Meeting with MSLC chair or equivalent (30 mins)	Lay auditor and peer SoM
	12:00 Meeting with at least three service users (30 mins) Note: findings from this meeting to be supplemented by conversations with women in clinic or wards at some time during the day	Lay auditor and peer SoM
1230 - 1300	LUNCH Mendip Room	ALL
1300- 1530	13:00 Please arrange a brief tour (15 mins) of the unit for the LSAMO and/or LSA midwife and a longer tour (60 mins) for the lay auditor (to include conversations with women as appropriate)	Audit team and SoM escorts
	14:00 Meeting with midwives (30 mins)	LSAMO and/or LSA midwife and peer SoM
	Brief review of evidence on compliance with Rules already submitted	LSA midwife and cSoM
	Review of three STEIS (serious incident) cases with decision making tools (whether or not investigation conducted)	LSAMO and/or LSA midwife and/or peer SoM
	Review of maternity medicines policy with focus on PGDs	LSA midwife and cSoM
	Review of three anonymised complex care plans	Lay auditor and peer SoM
1530 - 1630	Meeting with SoMs and brief informal feedback on findings Mendip Room	Audit team and SoMs

14 Appendix 2: Progress against SoM 2014/15 action plan

Recommendations	Action Required	Lead	Measure of Success
To review the terms of reference for maternity risk management meetings.	Have emailed Patient Safety midwife and to discuss at next SOMs meeting.	Sue Collins/ Carole Poulton	MDT meeting with clinical risk, shared database
To prepare a short highlights report for supervisors to share at all relevant meetings.	Discuss at every SOM meeting.	All	Completed
To agree a rota for attendance at the risk management meeting.	2 SOMs now attend all risk management meetings in turn.	Hannah Bailey and Rachel Horan	Minutes of meeting Rota in place, but meetings held ad-hoc at present, volunteers needed
To clearly document actions for supervision and feedback from supervision.			Minutes of meetings Supervisor's newsletter.
To ensure a clear process is in place that describes the interface between supervision and governance with a particular focus on responding to serious incidents.			. Governance Report . To give RM a slot at Unit Meeting.
To review the escalation policy with reference to bed capacity/ staff shortages and the role of the on call supervisor.	Development of managerial on call rota. Lead for this currently off sick	Vicky Tinsley	Escalation policy in progress draft copy
For quarterly meetings to occur between the Director of Nursing and the contact supervisor using the LSA template.	Meeting taken place in September and HB attending SoM meeting 13/10/15 to discuss supervision	Sue Collins / Carole Poulton	Completed
For supervisors to demonstrate how they are improving correct	Audit of notes Dec12, July 13 and Dec 13. Antenatal care pathway being updated		To be re-audited following policy change.

Classification: Official

Recommendations	Action Required	Lead	Measure of Success
plotting of the symphysis fundal height For supervisors to undertake a minimum of 6 hours PREP each year and to ensure that this is recorded on the LSA database			Get audit Results Complete
To complete the audit regarding women's views and experiences of complex care planning.	To contact all women who have used SOMs in their care planning. Plan to roll out Dec 15		Survey Monkey
To agree how the complex care planning questionnaire and collected data will inform practice and policy.	Await results of above.		Survey Monkey In your shoes
To update the supervisory information on the websites and in the unit.	Supervisors board updated, leaflet produced.	Bridget Dack	Completed
The views of service users, including the seldom heard and vulnerable, are sought out to drive service development.	Introduction of Supervisor of the Day to meet with service users. Facebook page developed.	All	Feedback folder being developed.
For 95% of midwives to have completed an annual review with their supervisor within the current practice year 2014-15.		All	Database
Midwives Rules 3 & 4 Requires improvement	The supervisory team to review their processes with regard to the uploading of intention to practise forms for new starters.	Carole Poulton	New Starter letter Completed
Midwives Rules 3 & 4 Requires improvement	To provide a report to the LSA to identify the root cause behind the failure of the ITP system on these two occasions.		Already done – to send ITP flowchart in use
Midwives Rules 3 & 4 Requires Improvement	For supervisors to ensure that all annual reviews are completed with exceptions for those midwives on	All	Plans in place to meet with Supervisee's

Classification: Official

Recommendations	Action Required	Lead	Measure of Success
	maternity leave or sick leave.		
Midwives Rules 6 Requires improvement	For the supervisor's to monitor and review the safe storage of community midwifery diaries and to highlight concerns formally to the Head of Midwifery/ LSAMO if required	VT	In hand – waiting methodology for storage. (delay due to Trust admin review of staff)
Midwives Rules 6 Requires improvement	Supervisors to audit the safe storage of medical records on a regular basis		Develop Audit tool – Management Meeting
Midwives Rules - Rule 7 Requires improvement	The LSA audit report to be uploaded to the supervisory webpage and presented by the contact supervisor at the appropriate board level meeting.	Carole Poulton	LSA audit on facebook page. CoSoM to present after this audit
Midwives Rules - Rule 7 Requires improvement	For all supervisory PREP and competency document's to be uploaded to the LSA database by the end of April 2015.		Achieved.
Midwives Rules-rule 9 – met	The contact supervisor to aim to attend 100% of the quarterly contact supervisory meetings or to send a deputy in her absence.		Achieved
Midwives Rules-rule 9 – met	Supervisory team to review the results of the midwives questionnaires and take action to address any concerns		Achieved
Midwives Rules 10 Requires Improvement	supervisors to ensure that there is a robust process for the review and completion of a supervisory decision tool for every STEIS case and that this is submitted to the LSA for review.	All	Urgent case review <72hrs Multidisciplinary team review with risk midwife using DMT
Midwives Rules 10 Requires Improvement	Remaining outstanding DMT's to be completed and sent to LSA within 6 weeks of the final agreement of this report.		Acheived
Midwives Rules 10 Requires Improvement	Supervisory investigations to be completed within the 45 day period stipulated by the LSA.	All	Difficult to achieve due to complexity

Classification: Official

Recommendations	Action Required	Lead	Measure of Success
Midwives Rules 10 Requires Improvement	For a supervisory briefing to be completed at each supervisory meeting and presented at risk meetings by an allocated supervisor who is not the risk manager.	All	Rota
Midwives Rules 10 Requires Improvement	The supervisors to have an overview of the medication incidents and to review the provision of education and training to support midwives and ensure compliance with the NMC Code.	All	Document on Database – to introduce peer review. All drug incidents reviewed by SoM's. Training practice devised
Lay User Report	The Supervisory Team to review the LSA user report and to consider the recommendations made.	Carole Poulton	Job description to invite applicants locally, not yet completed
Website:			
Clearly present the purpose of Supervision to women. Seek user input on how best to describe the Purpose and Role of a Supervisor in easily understood language.			Achieved
Seek user views on how best to identify to women when and why a woman might want to contact a SoM. Consider the use of cases studies.			Achieved
As a team and with user input consider a variety of formats: phone, email, face-to-face, social media etc. For contacting SoM's.			Achieved
Consider adding a line of explanation of the role of the LSA/LSAMO.			Achieved
Check with those responsible for the Trust website whether			Achieved

Recommendations	Action Required	Lead	Measure of Success
additional search terms can be used to ensure that Women can find the SoM page.			
Seek the views of a range of users when reviewing the text for the webpage. Set dates for regular review of webpage to ensure that the information remains accurate, relevant and effective.			Achieved – we will hope to use service users.
Ensure that midwives are aware of the SoM webpage and that they are able to refer women to it where appropriate.			Email SoM of the Day via webpage
Ensure that information is kept on the number of contacts from Women using the Trust website and ensure this is reported and reviewed by the SoM Team.			Not possible at present
Seek user views on what information about Supervision would women like to receive and when, and ensure this is reviewed regularly. In the short term consider including in the Booking Pack the locally produced leaflet on Supervision or something signposting women to the webpage and/or Supervisor of the Day.	This is to be included on the new print run.		Involve lay users Survey Monkey feedback when rolled out in December
Seek the views of midwives about what information women could/should receive about Supervision.			Involve lay users

Recommendations	Action Required	Lead	Measure of Success
Ensure that midwives understand when they should refer a woman to a SoM.			
Personalised Care Plans with Peer SoM / LSAMO			
Review as a SoM Team the use of the SBAR tool.	Overall we don't have a consistent system for reporting. Form to be devised to go on Millennium. Copy to patient for agreement.		Use encouraged at PROMPT. Customised telephone call pad. Fax No. removed from SBAR In use and on millenium
Seek the views of users, midwives and medical colleagues to find out what works and what doesn't work currently.	Overall we don't have a consistent system for reporting. Form to be devised to go on Millennium. Copy to patient for agreement.		
Benchmark against the new Code.	Overall we don't have a consistent system for reporting. Form to be devised to go on Millennium. Copy to patient for agreement.		
Find out how other units document their care plans for women with complex needs and how they communicate that plan with the woman and her family.	Overall we don't have a consistent system for reporting. Form to be devised to go on Millennium. Copy to patient for agreement.		Not yet completed, identified for discussion on SoM Reinvigoration Day 17/11/15
Consider the development of a standard "covering letter" or standard paragraphs with information about guidelines, risks and recommendations for some of the more frequently encountered issues.	Overall we don't have a consistent system for reporting. Form to be devised to go on Millennium. Copy to patient for agreement.		
Review the sharing of and storage of plans to ensure that those systems are operating well.			
User Involvement:			

Recommendations	Action Required	Lead	Measure of Success
Ensure that information is captured and reviewed relating to all user involvement by the SoM team and that women are asked if they would be happy to provide such feedback at a later date to the LSA and/or others when they are being supported by a SoM.			Feedback covered in survey
Be able to provide evidence of how Supervision engages with users locally.			SoM of the Day lay group. Facebook
Work to develop a two-way communication with the MSLC and other relevant groups in order to receive feedback on the services delivered to women. Send group the SoM newsletter etc.		VT	In progress – 2 representatives.
General:			
SoM Team needs to more clearly report its involvement in all instances in the future.			
Environment:			
Seek user views on how the environment in the corridor areas could be improved and review procedures for night time admissions.	SoM's have asked for further clarification on this point.		
Seek user views on how the SoM Team could further support normal birth.		All	In your Shoes launched September 2015
Regularly review feedback from women and families about how facilities could be improved.			Family and Friends Test - Showers - Women only bays

Recommendations	Action Required	Lead	Measure of Success
Review the local policy for the number of birth partners/visitors allowed in various situations.	All areas allow Birth partner to stay for the first night following Birth	All	Unit have always been flexible. Completed

**Supervisor of Midwives Meeting
ACTION LIST**

Action No	Details	Agenda Item No	First Raised	Action by	Progress Update & Status	Lead
SM006	SR to meet with Carole Jackson, Pharmacist, to discuss the Pethidine policy further	2	12/08/2014	October 2015	Meeting on Friday 12/09/2014 On-going 14-APR-15 SR has met with Carole but not yet discussed at CEF 12-MAY-15 SR has now met with Carol Jackson and a working party is to be set up – dates to be arranged. 08-SEP-15 Ongoing	SR
SM013	VT to explore opportunities for a separate managers on-call rota.	5.5	12/08/2014	October 2015	On hold due to on call harmonisation discussions 10-MAR-15 ongoing 14-APR-14 on-going 08-SEP-15 Ongoing	VT
SM015	VT to look into the Health Watch Group	5.5	12/08/2014	October 2015	Health alerts from health watch group sent to VT 14-APR-15 Ceri to circulate MSLC dates & rota for SoMs to attend. 12-MAY-15 It's felt it would be more useful to clinical staff to attend and not just management. 08-SEP-15 Ongoing	VT
SMO17	Clinical Issues – <i>HB to contact Helen Pearce and Doulas UK for further</i>	4	09/09/2014	October 2015	On-going HB and KP to raise with Doulas	HB

Classification: Official

Action No	Details	Agenda Item No	First Raised	Action by	Progress Update & Status	Lead
	<i>advice on feedback given about a Doula by a patient at Birth Reflections.</i>				UK and feedback at next meeting. RH to take this to Birth Workers Meeting. 12-MAY-15 KP and HB to meet to discuss further. Have been given contact to raise their concerns with. 14/07/15 HB has emailed Doula UK regarding concerns raised and is awaiting response. 08-SEP-15 Ongoing	
SM019	SOM rota needed for attendance at the following meetings: Shared Learning, Risk Management, Patient Safety	8	13-JAN-15	December 2015	10-MAR-15 BC to take blank rota to April meeting for completion 14-APR-15 BChar has circulated rota –ensure completed. 12-MAY-15 any outstanding dates to be circulated by BChar. 14-JUL-15 to be brought to next meeting 08-SEP-15 Added to rebirth of SoM agenda	ALL
SM020	Support needed re. multidisciplinary Benchmarking	4	13-JAN-15	ASAP	10-MAR-15 BC to send list out to all SoM's so they can choose which they would like to participate with. 14-APR-15 VT to present Morcambe Bay at May's meeting. Working group for Gurnsey Report set up – Bchur, CS, LA and AJ 12-MAY-15 BChar needs to send out relevant information for benchmarking to start. 14-JUL-15 BChar said this will be actioned as soon as she is able. 08-SEP-15 Template still to be created by BChar.	BChar

Classification: Official

Action No	Details	Agenda Item No	First Raised	Action by	Progress Update & Status	Lead
SM021	Copies of retention and storage of medical records policy and archiving clinical data in Midwives diaries policy	4	10-FEB-15	October 2015	10-MAR-15 BC to liaise with Helen Pearce to clarify rules on destroying old documents. 14-APR-15 VT now leading – storage location still to be confirmed. 21-MAY-15 Roger Murch will now leading on this. 14-JUL-15 Currently on hold – sitting with Kelly Jupp 08-SEP-15 Currently on hold, CP to discuss this with VT urgently. AG to raise at next Divisional Board Meeting. MN to draft a letter to management outlining concerns.	VT
SM027	PL to look into practicalities of making Supervisory Alerts electronic to speed up process	8	10-MAR-15	November 2015	14-APR-15 – no up-date so assume on-going 12-MAY-15 on-going, PL to speak to IT 14-JUL-15 ongoing – work to get this embedded in Millennium and name to be changed to Safeguarding Alert. 08-SEP-15 ongoing – Millennium Team working on this now.	PL
SM031	HB and Jane Williams to ensure that the escalation policy is in line with the RUH policies.	5	12-MAY-15	ASAP	14-JUL-15 HB has handed this over to Hannah Cross to write up the draft – this will be taken to the Management Meeting next month before being brought back to SoM's for comment. 08-SEP-15 Ongoing	HB
SM033	VT to bring draft ' Terms of Reference' to next meeting and also to present back about Morcambe Bay	4	12-MAY-15	13-OCT-15	14-JUL-15 outstanding. 08-SEP-15 Ongoing	VT
SM034	SM to distribute a rota for SoM of the Day	5	12-MAY-15	13-OCT-15	14-JUL-15 currently on-hold due to staffing situation	SM

Classification: Official

Action No	Details	Agenda Item No	First Raised	Action by	Progress Update & Status	Lead
					08-SEP-15 Still on hold at present.	
SM036	Roadshows to be arranged at all units to promote Supervision	5	09-JUN-15	13-OCT-15	14-JUL-15 delayed due to PoSoM course commitments. Feel the focus behind the roadshows should change to promotion of Supervision as to close to arrange something before new PoSoM interviews.	KP / MN
SM037	Old Supervisory forms to be reviewed and put back in to use effective immediately	6	09-JUN-15	13-OCT-15	14-JUL-15 JC has up-dated and needs to send to all SoM's for comment. SC will also take to Contact SoM meeting for approval. HH will email a form for women to provide feedback for Midwives to be used as part of their annual review. 08-SEP-15 New forms to be distributed from Helen Pearce – see minutes from meeting	JC
SM038	Away day to be arranged for all SoM's	3	09-JUN-15	December 2015	14-JUL-15 date to be approved by VT and Ceri to book room etc. 08-SEP-15 SoM's have agreed to delay this until later in the year	VT
SM039	New SBAR tool for escalation of incidents to be created	3	14-JUL-15	13-OCT-15		HB
SM041	CTG working group to be established and briefing paper to be drawn up	3	14-JUL-15	13-OCT-15	11-AUG-15 Reminder email to be sent. 08-SEP-15 CP to confirm date for Working Group	CP
SM043	Questionnaire for staff re. Community CTGs to be completed	5	11-AUG-15	13-OCT-15		CP
SM044	Research to be done into whether other Trust's use CTGs in their Birthing Centres	5	11-AUG-15	13-OCT-15		VT
SM045	Suggestion of buddy system with another Trust for investigations to be taken to Contact SoM meeting in Oct.	6	11-AUG-15	10-NOV-15		CP

Classification: Official

Action No	Details	Agenda Item No	First Raised	Action by	Progress Update & Status	Lead
SM046	SoM folder on T-drive to be set up with access limited to SoMs	6	11-AUG-15	13-OCT-15	08-SEP-15 Ongoing	Ceri
SM047	Midwifery competencies to be up-to-date prior to the LSA review	8	11-AUG-15	01-OCT-15		ALL
SM048	MDT meeting re. LA outstanding incident to be arranged	3	08-SEP-15	ASAP		BChar/ LA
SM049	CP to clarify investigation buddy system with Hannah Hulme Hunter and feedback	5	08-SEP-15	13-OCT-15		CP
SM050	BD to advertise for lay representatives to attend LSA Audit 01-OCT-15	8	08-SEP-15	ASAP		BD
SM051	KP to be contacted re. potential lay contacts for LSA Audit	8	08-SEP-15	ASAP		Ceri
SM052	Draft version of action plan agreement between SoM and woman to be compiled	8	08-SEP-15	13-OCT-15		JC