Local Supervising Authority

Annual Audit Report
Monitoring the Standards of Supervision and Midwifery Practice

Northern Devon Healthcare NHS Trust

Date 13 March 2014

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              Maria Patterson, LSA Midwife

Report completed 16 June
On 1st January 2013 the Nursing and Midwifery Council launched a revised edition of the midwives rules and standards. These standards form the basis against which statutory supervision of midwives is audited.
Introduction to the Local Supervising Authority Annual Audit

The LSA annual audit was undertaken by Helen Pearce LSA Midwifery Officer, Maria Patterson LSA Midwife, Jenny Gamlin Peer Supervisor of Midwives, Sarah Bird LSA Lay Auditor. The audit team was made to feel very welcome and appreciated the hospitality shown.

A programme for the visit was agreed in advance which provided an opportunity to review the evidence prior to the audit, meet a range of stakeholders and have a tour of the unit (Appendix 1).

The Supervisors of Midwives (SoM) presented, “Meeting the challenges of supervision.” This was an excellent presentation which focused on how the supervisors had strived to complete the LSA action plan for the previous year. Via working through the action plan the supervisors were able to demonstrate the progress and commitment that had been made by the team.

Of the 14 actions that resulted from the action plan for the year 2013-14 only one action remain outstanding. This is excellent and demonstrates the hard work and commitment of the supervisory team who are working well together in order to improve the quality of supervision within the trust. The area that remains outstanding is to audit and evaluate the views of women, midwives and medical staff regarding complex care planning.

There are 90 midwives notifying their intention to practice for the year 2013-14, this compares to 90 (2012-13) and 81 (2011-12).

The supervisory team consists of seven supervisors, which provides an average ratio of midwife to supervisor ratio of 1:13. One midwife is currently undertaking the preparation for supervisors of midwives course at Plymouth University, which is good evidence of the team succession planning.

The supervisors have undertaken six supervisory investigations within the practice year 1st April 2013 to March 31st 2014. The investigations have resulted in two midwives undertaking an LSA practice programme and three midwives completing local action plans. Whilst the investigations have been challenging for the team there is clear evidence to demonstrate that the supervisors are identifying and addressing poor practice in order to provide safe services for women.
The Context

The Nursing and Midwifery Council (NMC) sets the rules and standards for the function of the Local Supervising Authorities (LSAs) and the supervision of midwives. The Local Supervising Authority Midwifery Officer (LSA MO) is professionally accountable to the Nursing and Midwifery Council. The function of the LSA MO 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 and the LSA function sits within an 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. NHS England and the Nursing and Midwifery Council appoint a LSA MO to carry out the functions of the LSA, which may include visits and inspections of places of midwifery work. This will provide a structured means to oversee the practice and supervision of midwives within South West LSA, to ensure the requirements of the NMC are being met (Rule 11, NMC 2012). The audit is carried out to inform the Local Supervising Authority annual report to the NMC (Rule 13, NMC 2012).

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).
LSA Audit Aims

The aims of the audit are:-

- 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.

Methodology

The process for the audit of the LSA standards continues to be a self/peer review approach with verification of evidence by the LSA audit team employing a targeted sampling technique. Self/peer review is recognised as a powerful tool that stimulates professional development and decentralises power creating awareness of personal accountability.

A profile of the maternity service and the completed assessment tool listing the supporting evidence and any comments and recommendations the supervisors wished to make was sent to the LSA office two working weeks prior to the audit.

Formal LSA Audit Processes

- **Programme for Audit visit**
  The programme was sent in advance to the audit team.

- **Self-audit tool**
  The tool was completed before the audit and sent to the LSA MO.

- **Evidence**
  The supervisors had prepared evidence for each standard similar to a CNST audit. Where possible evidence was sent electronically to the LSA in advance of the formal audit.
Assessment of the LSA Standards for the Supervision of Midwifery

The LSA Standards for the Supervision of Midwives are incorporated into four domains for auditing purposes; each domain is underpinned by the Standards and Guidance set by the NMC for registrants and for Statutory Supervision, including:

- The Midwives rules and standards NMC (2012)
- The code: Standards of conduct, performance and ethics for nurses and midwives, NMC (2008)
- Standards for Medicines Management, NMC (2007)
- Record keeping: Guidance for nurses and midwives, NMC (2009)
- Quality Governance in the NHS – A guide for provider boards, DH (2011)

**Domain 1: The Interface of Statutory Supervision of Midwives with Clinical Governance**

The supervisors have made significant progress with regard to the identification of practice concerns and the subsequent requirement to commence a supervisory investigation. Supervisory investigations serve to protect the public and provide assurance to the Trust that supervisors are taking action when there are concerns about the standard of midwifery practice.

North Devon supervisors had previously undertaken one supervisory investigation in five years. This practice year has seen five supervisory investigations appropriately undertaken. Three of the investigations resulted in a local action plan and two investigations resulted in a LSA practice programme. This demonstrates that supervisors are appropriately identifying and managing concerns about practice standards.

A STEISS report was provided as evidence to demonstrate the links between supervision and governance; however the links to supervision were not clearly visible. It would be of benefit to see a supervisory action plan resulting from the STEISS report (where appropriate) and for the action plan to be reviewed at both governance and supervisory meetings.

The maternity risk management strategy was reviewed by the LSA team who advised that the strategy did not clearly reflect the role of the supervisor with regard to safeguarding the public or the interface between supervision and governance. The strategy lacked clarity with surrounding the Trust expectations of supervisors with regard to reviewing incidents, identifying themes and promoting learning.

Whilst good oral evidence was given describing the integration between supervisors and risk management systems the process is not documented, and is therefore challenging to evidence.

**Recommendation: Risk management strategy to document the process for supervisors of midwives to interface with trust governance and risk management processes.**
The LSA would recommend rotating the supervisor allocated to attend the risk meeting. There were no briefing papers for meetings such as reviews of SUI’s and as such these were not minuted.

**Recommendation: For supervision to be a standing item on the risk meetings with supervisors presenting a short highlights report**

There is evidence of supervisory attendance at the Obstetric Multi-Disciplinary Team Meetings and the maternity clinical care meetings, however the minutes from these meetings are minimal and there are no documented actions from the meeting. There is no reference within the minutes to supervisory activities or actions. The contact supervisors assured the LSA team that the on-call supervisor would attend these meetings, which ensured that all supervisors gain exposure although this process is not described.

It would aid transparency if there was a standing item on the agenda for supervisors to present a short highlights report which would include feedback from record keeping audits, investigations, contacts with women.

An agenda was shared for the “Maternity Services Alternate week risk meeting” as evidence that a supervisor is present. Evidence was not seen regarding the follow up actions from this meeting and any link to supervision. The contact supervisor elaborated that this was a small meeting where incidents are reviewed on a case by case basis to identify trends.

**Recommendations: Action and information should be formally fed back to supervisory meetings**

The maternity service are proud to have achieved CNST level 2 and the hard work involved can be attributed to joint work between supervisors and managers, this is to be congratulated. During the preparation for CNST supervisors reviewed numerous sets of notes which provided an overview of clinical care.

Evidence was provided to assure the LSA that supervisors are supporting midwives in providing a safe birthing environment. Supervisors have appropriately raised concerns to the LSAMO and Head of Midwifery regarding the quality of medical care planning. A subsequent review by the RCOG was commissioned by the Trust and supervisors were active participants. This is clear evidence of supervisors raising concerns to their employer to safeguard the public. The LSA is awaiting feedback from the RCOG review and would be keen to ensure that there is support from supervision to take forward any areas of development or learning.

**Recommendation: For the Trust to share relevant action points from the RCOG review with the LSA**

The LSA action plan and comments for 2013-14 has not yet been presented to the Trust Quality Assurance Committee. There was an opportunity to present the report but due to a breakdown in communication this did not occur.
Recommendation 3: The contact supervisor to present this year’s annual report to the Trust Quality Committee.

The risky business newsletter is excellent and details a section on supervision of midwives.

**Good Practice**
Following the identification of an increase in the number of women giving birth prematurely the supervisors conducted a retrospective audit to ensure that all women were appropriate to give birth within North Devon. The results were assuring. This is a good example of supervision responding to an increase in adverse outcomes.

**Domain 2: The profile and effectiveness of Statutory Supervision of Midwives**

**The LSA action plan 2013-14**

The excellent progress the supervisory team had made against LSA action plan 2013-14 (Appendix 2) was discussed during the supervisor’s presentation. The team had made significant progress against their objectives, with only one area that remains outstanding. This demonstrates the hard work and the commitment that the team have shown within the past twelve months. In undertaking the action plan there has been excellent work by supervisors in undertaking audits which have informed Trust systems and midwifery practice promoting safe care and safe systems.

The outstanding action which remains a priority is to audit and evaluate the views of women, midwives and medical staff regarding complex care planning.

**Recommendation: Audit and evaluate the views of women, midwives and medical staff regarding complex care planning**

The profile of supervision within the unit is positive; the supervisors have developed a webpage for women and staff to access which details that a supervisor can be contacted 24 hours and the contact number to do so. The supervision newsletter is excellent and provides an invaluable resource for staff updating.

A further excellent initiative is the development of a sticker to go on the front of each set of notes, which details the role of the supervisor and a contact number. Whilst this is may appear to be a simple initiative the potential impact for women is significant.

The supervisors shared their philosophy for supervision which is somewhat brief. The LSA team recommended that the philosophy be expanded to incorporate role of the supervisor in engaging with women to promote safe midwifery care.

**Recommendation: To expand the supervision philosophy to incorporate the role of the supervisor in engaging with women.**

The maternity services operational policy details a section on supervision; this is very positive and further raises the profile of supervision within the organisation. The
policy could be expanded to describe the responsibility of the supervisor with regard to investigating poor practice.

**Supervisory activities**

Supervisors reviewed feedback from the National maternity survey results relating to “kindness” as the number of women who felt they had been treated with kindness and respect had reduced to 66%. The supervisors of midwives were concerned with this result and subsequently planned to seek the views of both women and midwives in relation to kindness and respect. This is good evidence of proactive supervision. The sample size was small however and to be assured that practice is changing it would be beneficial to conduct the review on a monthly basis for a specified period of time. It is unclear as to where the results are being shared.

The supervisors have developed a supervisory newsletter which is positive and contributes to raising the profile of supervision within maternity services.

Supervisors have conducted an annual audit to seek feedback from midwives regarding the effectiveness of supervision. This is excellent evidence, however the numbers are small and a larger sample would be beneficial. The supervisors have also questioned 35 women regarding their experiences of midwifery care. It is not clear if this is a one off exercise or part of on-going efforts to listen to women’s experiences.

An example of a letter to a woman who was required a complex care plan was reviewed. The purpose or the intended recipient of the letter was not clear, the woman was referred to in the third person and the letter appeared to list what advice was given but did not reflect the discussion with the woman or her view point.

**Recommendation:** To review the practice for women requiring complex care planning and consider the use of a template to ensure consistency in practice. All correspondence should be either addressed to or copied into the woman.

Supervisors have participated in both national and local supervisory events. The contact supervisor regularly attends the contact supervisors meeting and disseminates information back to the supervisory team.

Minutes and agenda for supervisory meetings were viewed by the LSA team and demonstrated that supervisors are proactively identifying poor practice and utilising the LSA decision making tool to ensure transparency and equity. The LSA template for the agenda and minutes does not appear to be being utilised.

**Recommendation:** To ensure that the LSA template is used for supervisory meetings.

Evidence was seen via letters to staff to demonstrate that supervisors are proactively following up on any concerns of poor practice in a supportive manner, via working with supervisees and agreeing action plans which are subsequently reviewed on a regular basis.
Director of Nursing quarterly briefings

Due to the resignation of the Director of Nursing (DoN) only one meeting has taken place between the contact supervisor and DoN. There is now an acting DoN in post who attended the LSA audit and expressed his commitment towards engaging with supervision.

**Recommendation: To recommence quarterly Director of Nursing Briefings using the LSA template.**

There is access to a supervisor on a 24 hour basis with a rota being available for staff to access.

There is a clear documented process for the uploading of ITP’s for new starters which also contains a welcome letter to the newly appointed midwife. Evidence to demonstrate Supervisor of midwives are following the LSA guidance in relation to the nomination, selection, appointment of future supervisor of midwives. Supervisors have a succession plan in place to ensure achievement and maintenance of the NMC recommended ratio of 1:15 with a newly trained supervisor about to take up post.

**Good practice**

Excellent evidence was seen to demonstrate how supervisors are effective in ensuring safe practice via raising concerns to the employer concerning resources and equipment. The supervisors conducted a thematic analysis of babies with low temperatures over a 12 month period. The review identified that a number of babies had not had their temperature recorded as per policy. Further analysis by the supervisors identified that this was due to a lack of available thermometers. This lack of resource was raised with managers and the unit now has an adequate supply of thermometers. This is a good example of proactive supervision taking steps to promote safe and best practice.

**Domain 3: Team working, Leadership and development**

The supervisory caseloads have an average ratio of 1:13 which is within the NMC recommendations. One supervisor is not based within North Devon Healthcare Trust and as a result has a lower caseload, four supervisors have a midwife to supervisor ratio of just over the recommended 1:15 but this will be addressed with a new supervisor taking up post shortly.

No evidence was seen to demonstrate the attendance level for supervisory meetings.

**Recommendation: To maintain a record of supervisory attendance**

A Fitness to Practice investigation spreadsheet is available to demonstrate equity in allocation of investigations. This is good practice. The supervisors have conducted six investigations in the previous practice year and all have been equally allocated, this is indicative of good team work.
The Supervisors of midwives are involved in identifying and encouraging midwives to undertake the preparation of supervisor of midwives programme. Three midwives have expressed an interest in becoming Supervisor of midwives which is excellent

All student supervisors of midwives have a designated mentor to support them through training and on completion of the course. Mentors provide secondary cover for new supervisor of midwives when they are on-call.

Supervisors have participated in the training of student midwives via discussing the philosophy of supervision, the role of the supervisor and supervision in practice.

Supervisors are demonstrating leadership via attending the quality assurance meetings. Evidence was seen to demonstrate communication between the contact supervisor and a non-executive regarding the requirement for a supervisor to attend the Quality Assurance Committee.

A supervisor of midwives participates in midwifery curriculum planning as the link lecturer is also a supervisor of midwives. Supervisors have provided training sessions for student midwives regarding fitness to practise and clinical decision making.

**Domain 4: Supervision of Midwives and interface with service users**

The Lay auditor Sarah Bird spoke to the Contact supervisor and maternity service users and below is a summary of her report. The full report can be found in the appendices.

There is a supervisor of midwives name in the terms of reference for the Maternity services liaison committee and supervisory attendance is supported in the minutes from the meetings. This demonstrates supervisors actively engaging with service users.

The service user identified that the supervisory team have progressed positively over the past year. However the focus on systems, policies, midwives and profile within the unit/trust rather than an outward focus on women and users. However, this is changing as evidenced by initiatives such as the supervisory contact stickers and the work on the supervisor web pages. There are also plans for an audit of care planning for women involved with complex needs which will enable the team to evidence the kindness and respect with which women are treated and the respect they are shown.

The maternity services liaison committee (MSLC) has been subject to significant change as is re-launching. This is an opportunity for the supervisory team to engage with the MSLC it would be useful for the supervisory team to present the role of supervisors to the MSLC to ensure clarity. The draft terms of reference appropriately list the supervisor as being a core member of the MSLC.

There is some evidence to support that supervisors are accessible to women. There is a poster/display on Supervision in North Devon Hospital at the entrance to the Labour Ward which includes a photograph of the supervisory team. The information
on the Trust website about supervisors of midwives is rather difficult to find. A
suggestion is that the supervisory team review the site to improve the user and
ensure easy access to the information.

The development and use of the sticker to promote the role of the supervisor (which
contains contact details for supervisors) is brilliantly simple and effective and could
be further developed with good quality information on why a woman might want to
contact a supervisor of midwives.

**Recommendation: Supervisors to review the supervisory website to ensure
that the user experience is improved.**

Minimal evidence was seen to provide examples of supervisor involvement in care
planning and supporting women’s choices including place of birth. This is a reflection
of local systems as complex birth planning is led by the Community midwifery
matron.

On the day of the audit a letter was seen addressed to a clinician regarding complex
care planning, the letter was not sent to the woman, which would have been useful
to ensure good communication. It appears that each supervisor of midwives is
sending a letter of her own design, content and tone to the women that she is
supporting.

There needs to be evidence to demonstrate that supervisors are proactive in the
support of normal birth, in terms of supervisory strategy and ethos.

Evidence was seen to demonstrating that user views are sought to improve the
quality of the maternity service. At present the supervisory team carry out regular
audits of women’s views as part of supervisory meeting. However the LSA service
user has identified that this is one of the next areas to focus on for this team as at
present there does not appear to be a clear system in place for acting upon service
users views.

No evidence was seen to indicate that the views of women from vulnerable groups
are accessed by supervisors.

**Recommendation: The supervisor of midwives collect information about
service users views and formulate an action plan on the basis of this**

There is quality information available to women and their families via the sticker
giving contact information for supervisors that is applied to the woman’s hand held
notes. A further great innovation as is the QR code that is being developed to give
women, families and staff access to all the maternity information leaflets.

The LSA team did not have significant time available to review the birthing
environment but the birthing rooms that were seen felt medicalised and contained
equipment.

The service user spoke with three women who all provided very positive feedback
regarding their care.
Recommendations

1) Risk management strategy to document the process for supervisors of midwives to interface with trust governance and risk management processes.
2) To ensure the minutes of meetings detail the role of those attending.
3) The contact supervisor to present this year’s annual report to the Trust Quality Committee.
4) Action and information should be formally fed back to supervisory meetings.
5) Audit and evaluate the views of women, midwives and medical staff regarding complex care planning.
6) To review the practice for women requiring complex care planning and use of a template to ensure consistency in practice.
7) To ensure that the LSA template is used for supervisory meetings.
8) For supervision to be a standing item on the risk meetings with supervisors presenting a short highlights report.
9) To recommence quarterly Director of Nursing Briefings.
10) To maintain a record of attendance at the supervisory meeting.
11) Supervisors to review the supervisory website to ensure that the user experience is improved.
12) The supervisors of midwives collect information about service users’ views and formulate an action plan on the basis of this.

For the Trust

13) To share relevant action points from the RCOG review with the LSA.

A recommendation for all supervisory teams in 2014-15:
12) For 95% of annual reviews to be completed by the end of March 2015.

Summary

The supervisors have made good progress over the past year and are working together effectively. The supervisors of midwives are a small, highly committed and enthusiastic group. They recognise the strengths of individual team members and whilst providing support for each other, they are equally able to challenge and debate issues.

The team have achieved a number of excellent outcomes over the previous practice year and they should continue to build on this good work. The service user would encourage the supervisory team to further involve women in their service development and in particular to seek out the views of women from harder to reach groups.

A copy of this report will be sent to NHS England, the Area team and Clinical Commissioning Group.

Following publication of the audit outcome report the supervisory team should review the strategy for supervision and develop the attached action plan returning to Gayle Masterson within 4 weeks of receipt of this report. The action plan will be monitored by the LSA, thus completing the cycle.
## LSA Audit Visit - Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Meeting</th>
<th>Venue</th>
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<tbody>
<tr>
<td>09.30-10.30</td>
<td>Meeting with Contact Supervisor of Midwives</td>
<td>LSA team</td>
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<td>Contact Supervisor of Midwives</td>
<td>Contact Supervisor of Midwives</td>
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<td>10.30-10.40</td>
<td>Refreshments</td>
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<td>10.40-11.00</td>
<td>Presentation from the LSA 'Meeting the challenges for supervision'</td>
<td>LSA Midwifery Officer - open invitation</td>
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<td>11.00-11.45</td>
<td>Presentation from Supervisors of Midwives 'Demonstrating the effectiveness of supervision'</td>
<td>To attend: Head of Midwifery, Director of Nursing, General Service Manager, Risk midwife. Open invitation: Obstetricians, Anaesthetists, Paediatricians, Lead Midwife for Education Lay representatives, Midwives, Student Midwives, Members of the Trust Board and GP representative.</td>
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<td>11.45-12.00</td>
<td>Meeting with Head of Midwifery</td>
<td>LSA team</td>
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<td>12.00-12.15</td>
<td>Meeting with Director of Nursing</td>
<td>LSA team</td>
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<td>12.15-12.30</td>
<td>Meeting with Lead Midwife for Education</td>
<td>LSA team</td>
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<td>12.30-12.50</td>
<td>Lunch</td>
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<td>12.50-13.45</td>
<td>Review evidence</td>
<td>LSA team</td>
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<td>13.45-14.05</td>
<td>Tour of unit</td>
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<td>14.10-15.30</td>
<td>Meet with women - patient experience feedback</td>
<td>LSA team</td>
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<td>Meet with midwives</td>
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<td>Meet with student midwives</td>
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<td>15.30</td>
<td>Closing remarks</td>
<td>All</td>
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<td>Recommendation</td>
<td>Action required</td>
<td>Lead</td>
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<td><strong>Action to be completed within the next month</strong></td>
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<td>Agree an annual workplan for supervision.</td>
<td>Minuted each meeting in relation to report / standing agenda item (start of meeting)</td>
<td>Helen Fardon (contact)- Kirsten Bowie as chair</td>
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<td>For the annual workplan to be a standing item at each supervisor meeting and progress against objectives documented.</td>
<td>As above</td>
<td>Kirsten Bowie</td>
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<tr>
<td><strong>Action to be commenced within the next two months</strong></td>
<td></td>
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<td>To review and update the current ‘Philosophy and Strategy document’</td>
<td>Benchmark current philosophy against other areas and recommendation from LSA report. Review and rewrite and disseminate.</td>
<td>Clare Murphy and Rachel Stanyer</td>
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<td>Plan, implement and monitor a systematic process which elicits the views and experiences of service users, demonstrating how these have informed supervisory activities</td>
<td>Patient experience is undertaken weekly, SOM are involved in the devising of questions. Critical review of the questions asked in relation to six C’s- patient experience to be fed back at each meeting.</td>
<td>Helen Daly and Andrea Stebbings</td>
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<td>To provide secure storage for records of supervisory activities for seven years, ensuring confidentiality is maintained</td>
<td>There is a locked cupboard on labour ward. As part of the refurbishment there will be a dedicated place. Move to a paperless system with a shared drive</td>
<td>Rachel Stanyer / Toby Cooper</td>
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### Supervisors of Midwives action plan 2013-14

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<thead>
<tr>
<th>Recommendation</th>
<th>Action required</th>
<th>Lead</th>
<th>Timescale</th>
<th>Measure of success</th>
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<tbody>
<tr>
<td>In association with the Trust maternity and management teams to review the</td>
<td>Review the current policy from a supervisory perspective and benchmark against</td>
<td>Anne Funning</td>
<td>31.07.13</td>
<td>Discussion with Trust maternity and management teams and ensure standing agenda</td>
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<td>escalation policy and the maternity service risk management strategy and the</td>
<td>other trusts</td>
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<td>item on contact SOM and DNS meetings</td>
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<td>operational escalation policy.</td>
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<td>To publish and share the minutes of supervisor of midwives meetings</td>
<td>Aim to publish on website within 1 month of them being available to the supervisory</td>
<td>Rachel Stanyer,</td>
<td>30.09.13</td>
<td>Evidence on the website and on news sheet</td>
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<td>(removing confidential information)</td>
<td>team</td>
<td>Kirsten Bowie</td>
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<td>Noticeboards updated quarterly</td>
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<td>Action to be commenced within the next three months</td>
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<td>To agree, a method for annual record keeping audits by supervisors of midwives</td>
<td>Daily live review of record keeping in line with CNST (NHSLA) documentation</td>
<td>All have SOM have</td>
<td>31.09.13</td>
<td>Information from this as part of the newsletter</td>
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<td>which will disseminate findings through supervisory and trust governance</td>
<td>recommendations. We are rostered and actively participate in this and the</td>
<td>responsibilities in</td>
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<td>processes and ensure appropriate individual feedback</td>
<td>completed audits are collated with the risk manager. The individual action by</td>
<td>daily live audit.</td>
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<td>the SOM is if identifying a practice / documentation point to contact the</td>
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<td>named SOM and the midwife. If there are themes or particular individuals</td>
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<td>involved then to feed into education and training. Auditing of the records</td>
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<td>is integral to the annual review; all agree to use the CNST tool but retain the</td>
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<td>flexibility to co audit, self audit,</td>
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**Appendix 2**
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<tr>
<th>Recommendation</th>
<th>Action required</th>
<th>Lead</th>
<th>Timescale</th>
<th>Measure of success</th>
</tr>
</thead>
</table>
| Achieve 90% completion of annual reviews for the period April 2013-March 2014 (excluding midwives on long term sickness absence or maternity leave) logged correctly on the LSA database. | With the changes in the reporting on the LSA database completion represents an accurate reflection of annual reviews.  
Run a report on a standing agenda.                                                   | Helen Fardon              | 31.09.13   | 90% completion and evidenced on database                                           |
| To monitor the accuracy of information submitted to the LSA database in relation to annual reviews | Run a report as a standing agenda however accuracy of details in annual review not able to be externally audited. Accuracy of timeliness of review undertaken can. | Helen Fardon              | 31.09.13   | Accuracy of information on database regarding numbers of completed reviews        |
| To audit and evaluate midwives' views and experience of statutory supervision | Audit undertaken 07.05.13 using LSA tool, review the tool going forward.            | Clare Murphy and Helen Daly | completed  | Evidence available in draft report which has not yet been circulated to the SOM's |
| Complete the development of the newsletter to disseminate themes and trends from supervision and complete the development of the Trust web page for supervision | Quarterly newsheet, available on noticeboards and on website                    | Rachel Stanyer and Clare Murphy | 31.09.13   | Information on website                                                            |
| Review the current management of midwives who leave the Trust to ensure that they are not orphaned on the Local Supervising Authority database. | Change of practice identified regarding staff who leave, SOM present are proactive in requesting transfers | Natasha Boorman           | 31.09.13   | 6 monthly reporting on this as an agenda item                                      |
| To commence regular meetings,                                                  | Contact SOM to arrange and                                                        | Helen Fardon              | 31.09.13   | Quarterly reporting on                                                             |
Table: Supervisors of Midwives action plan 2013-14

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action required</th>
<th>Lead</th>
<th>Timescale</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>with the Head of Midwifery and the Director of Nursing to report supervisory activities.</td>
<td>attend, if unable to attend, nominated deputy to attend</td>
<td>Anne Funning</td>
<td></td>
<td>this to SOM as an agenda item</td>
</tr>
<tr>
<td><strong>Action to commence within the next six months</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>To audit and evaluate the views of women, midwives and medical staff of complex care planning. Discussing and disseminating the results of the audit</td>
<td>Trust wide the national maternity survey to be reported in September 2013. Audit undertaken 07.05.13 using the LSA tool Data rich comments circulated</td>
<td>Toby Cooper</td>
<td>31.09.13</td>
<td>45 completed questionnaires returned this information has been passed for the annual report 2013– analysis of this information from a supervisory perspective to be an agenda item and present at MDT / patient safety forum, and be available on the newsheet and on the website 31.12.13</td>
</tr>
<tr>
<td><strong>Recommendations for the Trust</strong></td>
<td>Needs to be agreed with contact SOM / HOM /DNS</td>
<td>Helen Fardon</td>
<td>31.09.13</td>
<td>Information shared at meetings.</td>
</tr>
</tbody>
</table>
The LSA audit tool is divided into four domains. This tool concerns domain 4. In line with NMC good governance practices, each domain is benchmarked against the Local Supervising Authority Standards for Statutory Supervision of Midwives in England (LSA, 2005), which informs the framework for the London audit process. For more information on the LSA standards on the Statutory Supervision of Midwives, visit http://www.lsamoforumuk.scot.nhs.uk
**LSA AUDIT: GUIDANCE CRITERIA FOR THE ASSESSMENT OF RATING OF SUPERVISORY TEAMS**

**INTRODUCTION**

The following criteria, based on the Nursing and Midwifery Council’s ‘Midwives Rules and Standards’ (2012) are designed to help teams understand what contributes to the final rating of their team against the LSA domains when they are assessed at their annual audit. It supports understanding of what ‘good’ may look like, and gives clear guidance on how excellent statutory supervision in action will enhance midwifery practice, women’s experiences of care and delivery of a safe high quality service.

Each domain will be rated Green, Amber or Red according to the strength of the evidence seen. In allocating a rating the author of the report will be acting in collaboration with all of those who attended the audit and reviewed any evidence. It is anticipated that teams may present a mixture of evidence across the spectrum from strong to weak, and therefore the rating will be based on where the majority of evidence lies. If, however, there is difficulty meeting a statutory requirement, for example supervisory ratios, then this will determine the RAG rating for that domain.

There are some key principles across all the domains about what good evidence might look like and these are presented below. This is followed by domain specific guidance. Please note the criteria for evidence is not an exhaustive list and supervisors are free to submit evidence that they feel is relevant and supportive of the team activity for the year.

These criteria will be used to create a summary dashboard for each organisation that will include the RAG rating for each domain, the SoM ratio, the Midwife to Birth ratio and vacancy rate.
### PRESENTATION OF EVIDENCE FOR THE LSA – CORE PRINCIPLES

<table>
<thead>
<tr>
<th>STRONG</th>
<th>MODERATE</th>
<th>WEAK</th>
</tr>
</thead>
</table>
| ➢ Evidence is sent to the LSA in good time | ➢ Evidence is presented just in time or slightly late  
➢ There is reasonable variety although some evidence may be relied on a number of times  
➢ Some evidence is hard to assess or is not explained but the majority is understandable  
➢ Supervisors work is mostly apparent although sometimes there is overlap with their substantive post  
➢ Some members of the team are involved in the evidence to a greater degree than others  
➢ Team are aware of challenges are have an action plan to address them | ➢ Evidence is presented late  
➢ There is over reliance on certain pieces of evidence or there are large amounts of repetitive evidence  
➢ There is no explanation of the evidence within the domain documents and much of it is hard to assess  
➢ It is unclear what supervisory input has been or why the evidence is present  
➢ There is a lack of co-ordination of evidence  
➢ The evidence relies on a few motivated individuals  
➢ There is no evidence of an action plan to address challenges | ➢ Evidence is presented late  
➢ There is over reliance on certain pieces of evidence or there are large amounts of repetitive evidence  
➢ There is no explanation of the evidence within the domain documents and much of it is hard to assess  
➢ It is unclear what supervisory input has been or why the evidence is present  
➢ There is a lack of co-ordination of evidence  
➢ The evidence relies on a few motivated individuals  
➢ There is no evidence of an action plan to address challenges |

➢ There is a variety of evidence across the domains with little repetition or a small amount of appropriate cross-referencing  
➢ The evidence is laid out clearly in the domains with good explanation  
➢ It is clear when supervisors have acted as supervisors and the impact that they have had  
➢ The evidence has been co-ordinated and reviewed before presentation to the LSA  
➢ It is apparent the whole team are involved in the work of the team
### Supervisors of Midwives are available to offer guidance and support to women accessing a midwifery service that is evidence based in the provision of women centred care

<table>
<thead>
<tr>
<th>Criteria to be audited</th>
<th>LSA verification and comments</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMs are ambassadors for treating women with kindness and respect and lead on improvements in partnerships with service users and management</td>
<td>I feel that this criterion has been partially met/not met. The SoM team are working well as a unit and are making great progress from the position they were in a year or two ago. Previously there appears to have been an inward focus on systems, policies, midwives and profile within the unit/trust rather than an outward focus on women and users. However, this is changing as evidenced by initiatives such as the SoM contact stickers and the work on the SoM web pages. There are also plans for an audit of care planning for women involved with complex needs which will enable the team to evidence the kindness and respect with which women are treated and the respect they are shown. The evaluation of the results of the audit will then be used to inform service development in partnership with medical and management colleagues.</td>
<td>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. Contacts between SoMs, Midwives and Women are not all led by the SoM team. The SoM team will work well with women when opportunities present themselves and try to advocate for women’s views on some projects. Contacts between SoMs and women and midwives tend to be initiated by SoMs. The SoM team work with women effectively when asked to, tend not to advocate for women’s views in project work/service development. Team have limited evidence of contacts with women and midwives.</td>
</tr>
<tr>
<td>Criteria to be audited</td>
<td>LSA verification and comments</td>
<td>Measurement</td>
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<td></td>
<td></td>
<td><strong>Met</strong></td>
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<tr>
<td></td>
<td>Supervisors but show midwives and women find the team accessible and approachable</td>
<td></td>
</tr>
<tr>
<td><strong>SoM involvement with the MSLC</strong></td>
<td>I feel that this criterion has been partially met. Notes from the Northern Locality Maternity Services Liaison Committee meeting on Monday 28th October 2013 have been submitted as evidence of SoM involvement. These notes state that there has been a great deal of change in the MSLC locally and this group is effectively starting again from scratch. This is an opportunity for the SoM team to raise the profile of their role and to reach service users via member organisations. The draft Terms of Reference (31/10/13 draft II) list Supervisors of Midwives as Core Members of the group, representing users and also listing the LSA Midwifery Officer as an Associate/additional member. As this is a newly constituted group it may be worth exploring whether the SoM team could give a</td>
<td>The SoM team have a minimum 90% attendance at the MSLC meetings and are active contributors e.g. sharing their LSA audit and annual report and seeking MSLC contributions</td>
</tr>
<tr>
<td>Criteria to be audited</td>
<td>LSA verification and comments</td>
<td>Measurement</td>
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<td>Met</td>
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<td>brief talk to the group to ensure that their role in protecting the public and ensuring safe practice by working with women and midwives is understood by the membership. I note that a similar talk was given by the representative of Heathwatch at the MSLC meeting on Monday 28th October 2013.</td>
<td>I feel that this criterion has been partially met/not met. I have not seen the evidence submitted against this criterion but I was involved in the conversation with the Contact SoM about user involvement in the newly constituted Northern Locality MSLC. The SoM Team had identified a number of women/users who had expressed an interest in becoming involved with the MSLC but none were able to attend on the day of the meeting. We talked about how the role might be made more attractive to users (e.g. involvement remotely via email if unable to attend, “job share”, provision of childcare or the understanding and welcoming by MSLC members of young children being present and all that this may involve). We also discussed how, when and where women may be recruited to this role</td>
<td>The SoM team are actively involved in recruiting for MSLC</td>
</tr>
<tr>
<td>Criteria to be audited</td>
<td>LSA verification and comments</td>
<td>Measurement</td>
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<td>and others where user views are sought. I feel that at this point there may be a bit of despondency that attempts to recruit thus far have not been successful; hopefully this will be replaced with an energy and willingness to try again/try different approaches to achieve a different result.</td>
<td>Met</td>
</tr>
<tr>
<td>SoM are accessible to women, e.g. web link, user strategy, user information</td>
<td>I feel this criterion has been partially met. There is a poster/display on Supervision in North Devon Hospital at the entrance to the Labour Ward. It includes a photograph of the SoM Team although it could/should be updating. The poster also includes a list of midwives and their supervisors – I’m not sure what the thinking is behind this or what it’s function is. It would be useful to include in place of this list an example of how a SoM has helped a woman or quotes from women that have had contact from the SoM team. The information on the Trust website about SoM is rather difficult to find. I suggest that the SoM team ask a colleague, student SoM or student midwife to work thought the information available on the site in the hope that the user experience is improved and</td>
<td>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 the Trust web pages and have a range of welcoming information available to women including when to call, how</td>
</tr>
<tr>
<td>Criteria to be audited</td>
<td>LSA verification and comments</td>
<td>Measurement</td>
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<td></td>
<td>access to the information is easier. Colleagues responsible for IT or External Communications for the Trust might be able to give advice on improving the visibility/accessibility of information.</td>
<td>Met</td>
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<tr>
<td></td>
<td>Some of the descriptions of what a SoM does are rather woolly and not focused on what a woman might want or need to know. At points the role of a SoM seems more like an HR or Mentoring function rather than a role rooted in statute focussing on protecting the public and promoting the safety of women and families. Overall the information available on the Trust website is not strongly women focused (in fact the Autumn 2013 newsletter states that the SoM pages are primarily for the use of midwives) and there are no examples of how, why or when a SoM could a woman or the role of advocate that a SoM may take up on a woman’s behalf.</td>
<td>Partially Met to call and links to a variety of useful information</td>
</tr>
<tr>
<td>Criteria to be audited</td>
<td>LSA verification and comments</td>
<td>Measurement</td>
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<td>other alternative methods (e.g. email, text, or feedback form) available. The development and use of the sticker (which contains contact details for SoMs) brilliantly simple and effective but this must be supported with good quality information on why a woman might want to contact a SoM.</td>
<td>Met</td>
</tr>
</tbody>
</table>
| Examples of SOM advocacy for women for example, care planning and supporting women’s choices including place of birth | I have not seen evidence relating to this criterion; this might have been covered by evidence submitted that I have not seen or during discussion with Contact SoM and team before I arrived.  

*LSA comment – the local system is that care planning for complex needs is through the Community Matron*  

On the day of the audit it was not clear what communication was being sent out to women as a result of discussions with SoMs about complex care planning. It appears that each SoM is sending a letter of her own design, content and tone to the women that she is supporting. In contrast, there is a standard form used to update medical colleagues and others about the same issues. It was pointed out by the LSA audit team that this was not a satisfactory process as it allowed for too | Limited examples presented of care planning and supporting women’s choices | Team do not present examples of supporting women’s choices or participation in care planning |
<table>
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<tr>
<th>Criteria to be audited</th>
<th>LSA verification and comments</th>
<th>Measurement</th>
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<td></td>
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<td>Met</td>
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<tr>
<td>much variation in quality of information for the woman and also did not give her access to information being shared amongst the professionals giving her care and as such could not be said to demonstrate acting as an advocate for those women.</td>
<td>I believe that the SoM team are planning to audit and evaluate the experience of women that have they have supported through complex care plans in the coming weeks; this will highlight current successes and area for improvement around advocacy for women, care planning and supporting choice.</td>
<td>The team have a strategy and action plan around supporting normal birth, show leadership in the area, and are looking at ways to measure their impact</td>
</tr>
<tr>
<td>I have not seen the evidence relating to this criterion.</td>
<td>I did not see a strategy or action plan around promotion of normal birth while looking at the evidence on the day of the audit. This might have been dealt with before I arrived.</td>
<td>Team support normal birth and are engaged with some activity, but have limited strategy and leadership</td>
</tr>
<tr>
<td>SOMs are proactive in the promotion of Normal Birth</td>
<td>Some environments are women-centred, others less so and there are Environments for care is medical and institutionally</td>
<td></td>
</tr>
<tr>
<td>Criteria to be audited</td>
<td>LSA verification and comments</td>
<td>Measurement</td>
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</tr>
<tr>
<td>Service Users views are sought out to drive service development</td>
<td>I feel that this criterion has been partially met.</td>
<td>care are orientated to the needs of service users and are flexible even when high levels of intervention are required</td>
</tr>
<tr>
<td></td>
<td>At present the SoM team carry out regular audits of women’s views as part of SoM meeting but I believe that this is one of the next areas to focus on for this team as at present there does not appear to be a clear system in place for acting upon service users views.</td>
<td>plans to address those that need development orientated, inflexible and there are no plans for change</td>
</tr>
<tr>
<td>SoMs have been able to access the views of seldom heard and vulnerable groups of women.</td>
<td>I have not seen evidence relating to this criterion.</td>
<td>Service users views are not well represented in such activities/feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Service users who are harder to reach are not well represented in such activities/feedback</td>
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<tr>
<td></td>
<td></td>
<td>There is no attempt to reach a variety of users of the service</td>
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</table>
### Users’ input has been accessed during the development of SoM strategy and guidelines.

<table>
<thead>
<tr>
<th>Criteria to be Audited</th>
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</thead>
<tbody>
<tr>
<td>Users’ input has been accessed during the development of SoM strategy and guidelines.</td>
<td>I have not seen evidence relating to this criterion.</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Environmental review

<table>
<thead>
<tr>
<th>Criteria to be Audited</th>
<th>LSA Verification and Comments</th>
<th>Measurement</th>
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</thead>
<tbody>
<tr>
<td>Quality of information available for women and families</td>
<td>I feel that this criterion has been met/partially met. The sticker giving contact information for SoM that is applied to the woman’s hand held notes is a great innovation as is the QR code that is being developed to give women,</td>
<td>Prominent and clear information Actively encourages engagement with supervisors</td>
</tr>
<tr>
<td>Criteria to be audited</td>
<td>LSA verification and comments</td>
<td>Measurement</td>
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<tr>
<td>families and staff access to all the maternity information leaflets. There is a clear opportunity to support both of these initiatives with clear and concise information about the role of SoM and how they can support women. Likewise the SoM and maternity pages on the Trust website could be improved by making the reasons for engagement with the SoM team clearer and the methods on contact easier too (Would it be possible to have a SoM email address or enquiry form on the website for example?)</td>
<td></td>
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</tr>
<tr>
<td>Does the environment support normal birth</td>
<td>I feel that this criterion has been partially met. We did not see much of the birthing rooms and labour ward area but what I did see was not terribly women centred as there was a good deal of medical equipment around; although was spacious and had televisions and en suites.</td>
<td>Range of birthing aids, homely atmosphere</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some birthing aids, measures have been taken Lacks homely atmosphere, medical equipment on show</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of birthing aids, lack of pictures, décor tatty, medical equipment in corridors and rooms</td>
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</tbody>
</table>
### Lay auditors report

<table>
<thead>
<tr>
<th>Criteria to be audited</th>
<th>LSA verification and comments</th>
<th>Measurement</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Met</td>
</tr>
<tr>
<td>Answers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you describe the quality of the midwifery care that you have received?</td>
<td>Very good, all the way along. Helpful</td>
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</tr>
<tr>
<td></td>
<td>Brilliant, nothing bad at all. They have been caring, comforting.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brilliant, even when I was at my mother-in-laws and the paramedic and midwife came.</td>
<td></td>
</tr>
<tr>
<td>How would you describe the attitude of the midwifery staff that have been caring for you?</td>
<td>Cheery, pleasant, helpful (woman’s mother had been given a tray of coffee, milk etc. by the staff). They have been very nice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brilliant, they have been kind, positive and put you at ease. I can’t find fault at all.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pleasant.</td>
<td></td>
</tr>
<tr>
<td>Are you aware of the role of supervisors of midwives?</td>
<td>No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No.</td>
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<tr>
<td></td>
<td>Yes – but has not spoken to one.</td>
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<tr>
<td>Could any improvements be made to the midwifery care that has been provided to you?</td>
<td>I have nothing that I can compare it to, no.</td>
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<tr>
<td></td>
<td>No, nothing.</td>
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<tr>
<td></td>
<td>No, there are no faults what so ever.</td>
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</table>
The Local Supervising Authority (LSA) audit tool is divided into four domains in line with the National Quality Board good governance practices (Quality Governance in the NHS March 2011) each domain is benchmarked against the revised Midwives Rules and Standards 2012 which include the Standards for Statutory Supervision of Midwives in England; this informs the framework for the LSA audit process.

To complete this audit tool, all electronic evidence that is submitted should be embedded against each relevant domain along with text to provide relevant / explanatory comments. If evidence is only available in hard copy format, this will be viewed on the day of the audit visit.

The completed LSA audit tool needs to be submitted to Gayle Masterson gayle.masterson@nhs.net before the date of your LSA audit.

Please refer to the Guidance for Supervisors of Midwives for completing the LSA tool, which includes information on preparing for the LSA audit and instructions for embedding electronic documents.
Contents

Domain 1: The interface of statutory supervision of midwives and clinical governance
Informed by:

The Midwives Rules and Standards NMC (2012)
The Code: Standards of conduct, performance and ethics for nurses and midwives, NMC (2008)
Standards for Medicines Management, NMC (2007)
Record keeping: Guidance for nurses and midwives, NMC (2009)
Quality Governance in the NHS – A guide for provider boards, Department of Health (2011)

Domain 2: The profile and effectiveness of statutory supervision of midwives
Informed by:

The Midwives Rules and Standards NMC (2012)

Domain 3: Team working, leadership and development
Informed by:

The Midwives Rules and Standards NMC (2012)
The Code: Standards of conduct, performance and ethics for nurses and midwives, NMC (2008)
Quality Governance in the NHS – A guide for provider boards, Department of Health (2011)

Domain 4: Supervision of midwives and interface with users
Informed by:

The Midwives Rules and Standards NMC (2012)
The Code: Standards of conduct, performance and ethics for nurses and midwives, NMC (2008)
Quality governance in the NHS – A guide for provider boards, Department of Health (2011)
## Domain 1: The interface of statutory supervision of midwives and clinical governance

*Supervisors of Midwives support midwives in providing a safe environment for the practice of evidence based midwifery (LSA Standard 5)*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Measurement</th>
<th>SOM team self-assessment, comments and supporting evidence*</th>
<th>LSA verification and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of SOM team representation at clinical governance meetings</td>
<td>SOM representation demonstrated at 80% of all clinical governance meetings</td>
<td>SOM representation demonstrated at 50-80% of all clinical governance meetings</td>
<td>Criteria met as SOM’S have attended meetings. Information needs to be fed back to SoM meetings. Supervision needs to be a standing item. Needs highlight report from supervision.</td>
</tr>
<tr>
<td>Evidence to show STEISS reporting and interface with supervision</td>
<td></td>
<td></td>
<td>System needs to be more transparent.</td>
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</tbody>
</table>

*LSA audit tool Appendix 4*
<table>
<thead>
<tr>
<th>Evidence of supervisory information shared through governance systems</th>
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<th>Evidence shared needs to be more clearly documented</th>
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</thead>
<tbody>
<tr>
<td>Evidence of any changes that have resulted</td>
<td></td>
<td></td>
<td></td>
<td>6 supervisory investigations supervisors addressing clinical incidents through supervision</td>
</tr>
<tr>
<td>Any further information</td>
<td></td>
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</tr>
</tbody>
</table>
## Domain 2: The profile and effectiveness of statutory supervision of midwives

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 (LSA Standards 2 and 4)

<table>
<thead>
<tr>
<th>Evidence to demonstrate the effectiveness of supervision of midwives</th>
<th>SOM team self-assessment, comments and supporting evidence*</th>
<th>LSA verification and comments</th>
</tr>
</thead>
</table>
| LSA action plan (2013-2014) with evidence to support completed actions | Evidence from audits  
Impact analysis  
All documentary evidence  
Link to website  
DON briefings | DoN briefings stopped whilst change in DoN will recommence  
Action plan reviewed excellent achievement one outstanding – to audit complex care plans |
### Evidence to demonstrate SOM interface with audit activities including:
- record keeping audit;
- audit of controlled drugs, audit of midwifery practice.
Include any other local examples of audit activities.

### SOM interface with the development and dissemination of new guidelines.

### SoM involved in comprehensive CNST audit of notes
Have been auditing views of midwives and service users

### Evidence to demonstrate SOM effectiveness in ensuring safe practice:
- raising concerns to the employer in relation to resources and equipment;
- raising concerns about midwifery practice;
- SOM involvement in supervisory investigations, LSA action plans, practice programmes and notification process to the LSA and the organisation;
- engagement with midwifery management investigation processes;

### FTP spreadsheet of investigations
Benchmark tool – Compassion in Practice: 6 c’s
Concerns raised with communication
Raising concerns

### Good investigation spreadsheet tracks investigations and means there is equitable allocation of investigations
SoMs are appropriately communicating with the LSA
- communication with LSA regarding investigations;
- regular updates / training received regarding undertaking SOM investigations;
- SOM investigations are undertaken in a timely manner;
- the team ensures that they maintain records of decision making processes and investigations that meet LSA standards and are available to external scrutiny.

Investigations have been a challenge but good communication with LSA
HoM undertook an external investigation for another trust
Evidence to demonstrate SOMs are responsible for ensuring that the LSA database is updated and maintained. The LSA audit team will review the following evidence on the LSA database as part of the audit process:

- Supervisor /supervisee caseload;
- SOM PREP/CPD activities;
- ITPs are uploaded;
- annual supervisory reviews.

<table>
<thead>
<tr>
<th></th>
<th>There is no need to include evidence that can be viewed by the LSAMO i.e. the LSA database information or regional and national LSA guidelines. See attached ballot letter</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LSA database – much improved reporting</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evidence to demonstrate resources to support effective supervision of midwives including:

- SOM on call list;
- evidence of designated time for SOMs;
- administrative support for SOMs;
- designated area for SOMs;
- arrangements to ensure all midwives and student midwife cohorts have a named SOM;
- arrangements for midwives to change their SOM.

<table>
<thead>
<tr>
<th>Evidence seen</th>
<th>Evidence seen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evidence to demonstrate SOMs are involved in networking activities including:
- local SOM meetings;
- sector / cluster SOM meetings;
- LSA meetings/conferences;
- national meetings/conferences;
- evidence to demonstrate SOM; communication with the LSA.

- Minutes of SOM meetings (a sample).

Good involvement in MSLC Area for development engagement with service users – this has been recognised by the team

Evidence of the process for uploading ITPs:
- generally;
- specifically for new starters;
- midwives returning after a prolonged period of sickness absence or maternity leave.

- Documented process for submission of ITPs (emails to midwives, copies of posters, information in newsletters).
- Anonymised examples of the three most recent midwife starters to the Trust with their start date and date ITP uploaded on the LSA database.
- Supervisor of midwives

Evidence seen
<table>
<thead>
<tr>
<th>Evidence to demonstrate SOMs are following LSA guidance in relation to:</th>
<th>Evidence seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>• nomination, selection, appointment of future SOMs;</td>
<td>• SOM strategy.</td>
</tr>
<tr>
<td>• SOMs have a succession plan in place to ensure achievement and maintenance of the standard ratio of 1:15.</td>
<td></td>
</tr>
</tbody>
</table>
Evidence to demonstrate proactive and supportive supervisory initiatives:

- reflective activities;
- SOM initiatives to support midwives/student midwives in practice;
- include any other local examples.

<table>
<thead>
<tr>
<th>Evidence seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion with university link lecturer – good involvement with supervisors, supportive of students</td>
</tr>
</tbody>
</table>
Domain 3: Team working, leadership and development

Supervisors of Midwives provide professional leadership and nurture potential leaders (LSA standard 3)

<table>
<thead>
<tr>
<th>Evidence to demonstrate effective teamwork and leadership development</th>
<th>SOM team self-assessment, comments and supporting evidence*</th>
<th>LSA verification and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of effective and equitable teamwork:</td>
<td></td>
<td>Working effectively as a team</td>
</tr>
<tr>
<td>• attendance of SOM meetings;</td>
<td></td>
<td>Spreadsheet seen</td>
</tr>
<tr>
<td>• equitable SOM caseloads (cross reference 2a);</td>
<td></td>
<td>Minimal evidence of involvement with complex care planning – the system is led by the Community Matron</td>
</tr>
<tr>
<td>• FTP investigation spreadsheet to demonstrate equity in allocation of investigations (cross reference 1d);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• provide examples of effective teamwork / leadership within a multidisciplinary setting (e.g. complex care planning, training, guideline / system changes).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples to include the demonstration and development of leadership skills:</td>
<td></td>
<td>No PoSoM students</td>
</tr>
<tr>
<td>• SOM involvement in identifying and encouraging future SOMs to undertake the preparation programme;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SOM involvement in providing mentorship, support and preceptorship for student midwives, student SOMs, newly qualified SOMs and post qualifying midwives;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- DON briefings;
- cascading training from Contact SOM meetings;
- leadership on SOM initiatives across the Trust;
- representation from SOM team to Trust Board to present annual report;
- representation on LSA wide projects/initiatives which could include:
  - conference planning;
  - piloting new tools;
  - task specific working parties;
  - hosting network meetings;
  - participation as external SOM for investigations / LSA reviews;
- include other local examples of team working and leadership development.

<table>
<thead>
<tr>
<th>DoN briefings</th>
<th>one took place to be recommenced now new DoN in post</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not presented breakdown in communication</td>
</tr>
<tr>
<td></td>
<td>HoM participated in external SoM review</td>
</tr>
</tbody>
</table>
Evidence to demonstrate SOM interface with AEIs, examples could include:

- SOM involvement in curriculum development;
- curriculum review of education programmes;
- teaching/assessing initiatives to support student midwives in the supervisory framework;
- how SOMs interface with allocated student midwives (this will be triangulated at the LSA review visit).

<p>| Evidence to demonstrate SOM interface with AEIs, examples could include: |</p>
<table>
<thead>
<tr>
<th>SoMs are appropriately involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>- SOM involvement in curriculum development;</td>
</tr>
<tr>
<td>- curriculum review of education programmes;</td>
</tr>
<tr>
<td>- teaching/assessing initiatives to support student midwives in the supervisory framework;</td>
</tr>
<tr>
<td>- how SOMs interface with allocated student midwives (this will be triangulated at the LSA review visit).</td>
</tr>
</tbody>
</table>
## Domain 4: Supervision of midwives and interface with users

*Supervisors of Midwives are available to offer guidance and support to women accessing a midwifery service that is evidence based in the provision of women centred care (LSA Standard 1)*

<table>
<thead>
<tr>
<th>Evidence to demonstrate SOM interface with users</th>
<th>SOM team self-assessment, comments and supporting evidence*</th>
<th>LSA verification and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples should include:</td>
<td></td>
<td>SoMs involved with the MSLC</td>
</tr>
<tr>
<td>• SOMs involvement with the MSLC;</td>
<td></td>
<td>Web link not working needs to be developed</td>
</tr>
<tr>
<td>• SOMs are accessible to women, e.g. web link, user strategy, user information;</td>
<td></td>
<td>Needs more evidence of support of promotion of normal birth</td>
</tr>
<tr>
<td>• examples of SOM advocacy for women for example, care planning;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• evidence of SOMs supporting women’s choices;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SOMs are proactive in ensuring choice of place of birth within maternity services;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SOMs are proactive in the promotion of normal birth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence to demonstrate SOM activities in response to user surveys/views and action plans, any other evidence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SOMs have been able to access the views of seldom heard and vulnerable groups of women;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Users’ input has been accessed during the development of SOM strategy and guidelines;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SOMs are ambassadors for treating women with kindness and respect and lead on improvements in partnerships with service users and management.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Need to evidence activities of supervisors in response to service user feedback |
External Peer Supervisor of Midwives Report
LSA Audit Visit – Northern Devon Healthcare NHS Trust.
13/03/2014.

Supervisor of Midwives: Jenny Gamlin
NMC PIN: 78I2327E

For the attention of Helen Pearce
Local Supervising Authority Midwifery Officer
NHS England South
External Peer Supervisor of Midwives as part of the LSA team

There is an external peer Supervisor of Midwives on the LSA team. On the audit day itself, there will be opportunities for the external peer Supervisor of Midwives to engage with the supervisory team and their activities, and meet with representative groups which will include midwives, student midwives and service users. Notes made by the external peer Supervisor of Midwives during the site visit will be forwarded to the LSA Midwifery Officer.

It is recommended that a Supervisor of Midwives undertakes an LSA audit in an alternative Trust / organisation every two years as part of their continuing professional development as a Supervisor of Midwives. This can be summarised in a reflection on the key learning arising from the experience, and be included as part of the SOM PREP. Other benefits of involvement as an external peer Supervisor of Midwives include networking and sharing of good practice examples between organisations to strengthen statutory supervision of midwives.
Meeting with Contact Supervisor of Midwives (C.SoM) Helen Fardon
From the minutes shown as evidence it was very unclear as to what role the SoM played in clinical governance meetings. There was no specific mention as to name of SoM in attendance.
Supervision must have a slot within clinical governance.

Attendance by one SoM at a meeting seemed to cause a problem. To rotate the attendance would solve this issue. There were no briefing papers for meetings such as reviews of SUI’s and as such these were not minuted. By allocating a SoM to attend meetings would achieve around 80% attendance.

Presentation.
There were a few technical issues with the presentation but the SoM’s managed to deliver it. The main theme running through was what had been achieved in the last 12 months. There didn’t seem to be much about where the future lies. This is a team that has faced difficulties recently but are working well to strengthen supervision

Meeting with the Head of Midwifery (HoM)
The HoM is a SoM but is not active within the trust at this present time. She is giving constructive feedback as to the direction that supervision should be taking but feels that her management skills are needed more at the moment.

Meeting with the Director of Nursing (DoN)
The DoN has only been in post for a week but was enthusiastic and keen to learn about supervision. There is a meeting planned soon between himself and the contact SoM.

Meeting with the Midwives

The following questions were asked, replies are bullet pointed:

1. What is the best thing about working in this unit?
   • Support from colleagues
   • Able to ask questions
   • Able to work effectively

2. What would you do if you saw poor practice?
   • Report to the labour ward co-ordinator/ward manager
   • Report to SoM.

3. What are your views on and experience of supervision in this Trust? (4.4)
   • Always there when needed

4. Have you ever experienced problems that prevented you from working within the NMC code and what did you do about it?
   • No

5. Can you tell me:

   a) what an annual review with a supervisor is?
It is a chance to talk through issues
It is a chance to get positive feedback

b) how do you think this is different from your appraisal with your manager?
CPD is not discussed at the review

6. Tell me what happens at your annual review with your SOM
I discuss anything that is bothering me
I make a plan for the coming year

7. Can you rate your last annual review with your named SOM on a scale of 1-5
   (1 = poor experience 5 = excellent experience)
   5

8. At the annual review did your named SOM use the Pre registration education standards to review your practice as a midwife?
   Yes

9. At your annual review did your named SOM measure your compliance to maintain midwifery registration (450 clinical hours and 35 hours CPD in each three year registration period)?
   Yes

10. Did you and your named SOM make a plan for what you need to achieve in the next year to maintain your midwifery registration and competence?
    Yes

11. Do you think that your named SOM should obtain feedback about your competence and conduct from a third party (student service user, colleague)?
    Yes

12. Did your annual review include a review of your record keeping standards?
    Yes

13. What was the most useful element of your annual review?
    All of it.

14. What change would make the annual review more beneficial for you?
    Can’t think of one

15. Is there anything else you would like to tell me about?
    There seems to be a lot of talk about investigations that make the staff uneasy.
External Peer Supervisor of Midwives general evaluation of the day

The team at Barnstaple have obviously seen a lot of changes over the last year and speaking to staff it appeared that everyone was worried due to the number of investigations that are ongoing.

I did get the feeling that the team do not fully appreciate the strong link between Governance and supervision. This is something that needs addressing. Time is a factor but by allocating SoM’s to attend meetings would help enormously. The SoM who attended should feed back at the next SoM meeting.

The team have produced an excellent sticker for supervision and how to contact a SoM. The team also have an excellent philosophy for supervision and need to highlight supervision in all that they do.

Complex care planning is good, as are the letters that the SoM’s send to clients. However it would be good to have a letter for post delivery where the client is asked how they felt supervision helped them, or where it didn’t.

There seems to be interest from staff to become SoM’s which is very positive. Audits are obviously carried out regularly but it wasn’t clear what actions had come from any audits.

The Risk Management Strategy needs looking at. The HoM is mentioned but there is no direct links to supervision. This must be changed if the profile of supervision is to be raised.
The team seem very strong and appreciate that they have to now look forward and move on. This is something I think they can achieve with the right support.
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action required</th>
<th>Lead</th>
<th>Measure of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk management strategy to document the process for supervisors of midwives to interface with trust governance and risk management processes</td>
<td>SOM to attend risk management meetings and to present updates on supervisory activity. SOM presence at the risk meetings to be documented. Supervision to become a standing item on the agenda.</td>
<td>All</td>
<td>SOMs now regularly attending meetings and ensuring this is minuted. Contact SOM provides a briefing to the SOM attending each meeting. This includes an update on supervisory activity.</td>
</tr>
<tr>
<td>Audit and evaluate the views of women, midwives and medical staff regarding complex care planning</td>
<td>Set up complex care planning clinic. Design a pro forma to audit and evaluate eg VBAC clinic.</td>
<td>TC</td>
<td>Complex care planning clinic set up. VBAC clinic up and running.</td>
</tr>
<tr>
<td>To review the practice for women requiring complex care planning and use of a template to ensure consistency in practice.</td>
<td>Design a pathway for referral and a template to ensure consistency in practice.</td>
<td>HD</td>
<td>ongoing</td>
</tr>
<tr>
<td>To ensure that the LSA template is used for supervisory meetings.</td>
<td></td>
<td>All</td>
<td>LSA template now being used.</td>
</tr>
<tr>
<td>Action and information should be formally fed back to supervisory meetings</td>
<td>Make this a standard agenda item.</td>
<td>All</td>
<td>Done.</td>
</tr>
<tr>
<td>For supervision to be a standing item on the risk meetings with supervisors presenting a short highlights report</td>
<td>To provide a report.</td>
<td>HF</td>
<td>Standing item on the risk agenda.</td>
</tr>
<tr>
<td>To recommence quarterly Director of Nursing Briefings.</td>
<td></td>
<td>HF</td>
<td>Quarterly meetings recommenced since appointment of DON.</td>
</tr>
<tr>
<td>To maintain a record of attendance at the supervisory meeting.</td>
<td>To maintain accurate minutes of SOM meetings.</td>
<td>KB</td>
<td>Commenced.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Supervisors to review the supervisory website to ensure that the user experience is improved</td>
<td>To review the NDDH website with a view to improve the user experience, thereby promoting supervision within the wider community.</td>
<td>NB</td>
<td>Trust has imposed certain restrictions on user access. SOM reviewing information available.</td>
</tr>
<tr>
<td>The supervisors of midwives collect information about service users views and formulate an action plan on the basis of this</td>
<td>SOM to interface with users prior to monthly SOM meetings. Review pro forma.</td>
<td>All</td>
<td>Evaluations in process.</td>
</tr>
<tr>
<td>For 95% of annual reviews to be completed by the end of March 2015.</td>
<td></td>
<td>All</td>
<td>LSA database at monthly meetings.</td>
</tr>
</tbody>
</table>
| **For the Trust**  
To share relevant action points from the RCOG review with the LSA | | | Report made available prior to the CQC visit. |