UHBT NHS Trust

Local Supervising Authority Audit Report
Practice Year 2016/2017
Local Supervising Authority Audit Report

<table>
<thead>
<tr>
<th>Version number:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>First published:</td>
<td>12th July 2016</td>
</tr>
<tr>
<td>Updated:</td>
<td></td>
</tr>
<tr>
<td>Prepared by:</td>
<td>Helen Pearce, Local Supervising Authority Midwifery Officer Maria Patterson, Local Supervising Authority Midwife</td>
</tr>
<tr>
<td>Classification:</td>
<td>Official</td>
</tr>
</tbody>
</table>

**Circulation List:**

Contact Supervisor of Midwives  
Supervisors of Midwives  
Head of Midwifery  
Director of Nursing (Trust)  
Trust Chief Executive  
Director of Nursing (Area Team)  
CCG Lead Nurse  
Regional Head of Quality Assurance (NHS England-South)
Contents

Introduction ............................................................................................................................................. 4
The Standards for Supervision .................................................................................................................. 4
LSA Audit Aim ........................................................................................................................................ 5
Methodology .......................................................................................................................................... 5
Audit Process .......................................................................................................................................... 5
LSA Annual Audit Visit .......................................................................................................................... 6

Assessment of Compliance against the Midwives Rules and Standards (NMC 2012) and The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2015) ........................................................................................................................................ 7

   Rule 4: Notifications by Local Supervising Authority ............................................................... 7
   Rule 6: Records ................................................................................................................................. 9
   Rule 7: The Local Supervising Authority Midwifery Officer ..................................................... 11
   Rule 8: Supervisor of Midwives ....................................................................................................... 13
   Rule 9: Local Supervising Authority’s Responsibilities for Supervision of Midwives ................. 13
   Rule 10: Publication of Local Supervising Authority Procedures ........................................... 17

Peer SoM Auditor Findings .................................................................................................................... 20

Lay Auditor Findings ............................................................................................................................. 26

Summary of Recommendations ........................................................................................................... 35

Appendix 1 – Programme ....................................................................................................................... 

Appendix 2 NMC midwives Rules and Standards
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).

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)
Local Supervising Authority 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.

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 two working weeks prior to the audit.

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

Audit Process

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

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

The LSA annual audit visit was undertaken on 6 June 2016 by Helen Pearce, LSA Midwifery Officer and supported by Maria Patterson LSA Midwife, Janet Barker Peer Supervisors of Midwives (SOM) and lay Representative Catherine Williams.

The University Hospitals Foundation NHS Trust supervision team consists of 13 supervisor of midwives (SoM) : Sara Arnold, Jacqueline Clark, Belinda Cox, Lisa Damsell, Mary Davis, Hana Evans, Emma Jane Grzyb-Yung, Esther Hatfield, Caroline Long, Julie Northrop, Fiona Perkins, Sara-Jane Sheldon and Sarah Windfeld. The supervisors also provide supervision for Weston General Hospital which houses Ashcombe birth centre.

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

All active SOMs contributed to collating evidence and the development of the presentation at the audit visit. This encompassed the teams, achievements and challenges across the year 2015/16.
Assessment of Compliance against the Midwives Rules and Standards (NMC 2012)

**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.

<table>
<thead>
<tr>
<th>LSA Expectation</th>
<th>Evidence and Audit Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Personalised ITP notification forms would have been sent to all midwives whose name appears on the effective register as of 31st March 2015. Midwives to be eligible to submit an ITP notification must have effective registration on the midwives’ part of the NMC register and be intending to practise midwifery. 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 all midwives were found to have submitted their Intention to Practice (ITP) form to a supervisor and were eligible to practice on the NMC register. The team could articulate a clear and process for the submission of ITPs. Posters are put up with the submission date of 14th February 2016 with a guide describing how to complete the ITP. Named SoMs followed up their own supervisees. SOMs ensure that midwives are PREP standard compliant prior to signing their ITP by referring to their individual annual review records which contains information regarding their CPD and practice hours. 95% of midwives had an annual review in the preceding 12 months prior to the audit which is not compliant with the requirement for 100% of eligible midwives to have</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td>had an annual review.</td>
</tr>
<tr>
<td>SoMs should use the NMC PREP standards for guidance</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome**

**Rule 4 Requires Improvement**

- 100% of eligible Midwives should have an annual review with their supervisor of midwives and this should include evidence that the midwife has met the PREP standard
## Rule 6 Records

### Rule

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

(2) Where a midwife ceases to be registered with the Council, she must, as soon as reasonably practicable, ensure that all records relating to the care or advice given to a woman or care given to a baby are transferred for safe storage to the local supervising authority which was, prior to the cessation of her registration, the midwife’s local supervising authority in respect of her main geographical area of practice.

### LSA standard

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

### Midwives standard

1 All records relating to the care of the woman or baby must be kept securely for 25 years. This includes work diaries if they contain clinical information.

2 Self-employed midwives should ensure women are able to access their records and should inform them of the location of their records if these are transferred to the local supervising authority.

### LSA Expectation

- Midwives have a responsibility to keep secure any records that contain person identifiable and/or clinical information (this includes work diaries)
- SoMs must advise midwives working in self-employed practice of when they should transfer records to the LSA and make them aware of the LSAMO Forum UK policy Transfer of midwifery records for self-employed midwives

### Evidence and Audit Findings

- All maternity records were found to be stored securely at the audit visit. Notes storage areas within maternity were spot checked by the peer auditors on the day of the audit.
- The organisational records policy includes details of the requirement to store maternity records for 25 years. Apart from the hand held records all records are electronic no option to photocopy or print.
- Trust investigating off site storage for community midwives diaries. At the moment there are community midwives with diaries at home and others are stored at community bases. This is on the Trust risk register
- Neonatalogists can find the return of records to the trolley a challenge.
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rule 6 Requires Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>No self-employed midwives.</td>
<td></td>
</tr>
</tbody>
</table>
Rule 7  The Local Supervising Authority Midwifery Officer

Rule

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

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

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

(a) be a practising midwife; and

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

LSA standards

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

1.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer.

1.2 Involve a NMC nominated person and an appropriately experienced midwife in the selection and appointment process.

1.3 Manage the performance of the appointed local supervising authority midwifery officer by regular (annual) appraisal and to ensure that they are exercising their role efficiently, effectively and in a way that secures the safety of midwifery practice in their area.

1.4 Provide sufficient resources to enable a local supervising authority midwifery officer to discharge the statutory supervisory function.

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

2.1 Using an appropriate framework, complete an annual audit of the supervision of midwives within its area.

2.2 Monitor the practice of supervisors of midwives as part of maintaining and improving the quality of the provision of statutory supervision of midwives.

2.3 Involve women who use the services of midwives in assuring the effectiveness of the supervision of midwives.

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

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

Guidance

1 The local supervising authority midwifery officer plays a pivotal role in clinical governance by ensuring the standards of supervision of midwives and midwifery practice meet those required by the NMC. Supervision of midwives is closely linked to clinical governance and should be integral to governance processes within the local supervising authority.

2 The local supervising authority midwifery officer should promote openness and transparency in exercising supervision over midwives. The role is impartial in that it does not represent the interests of any health service provider.

3 Women should be able to access the local supervising authority midwifery officer directly if they wish to discuss any aspect of their care that they do not feel has been addressed through other channels.

4 The local supervising authority midwifery officer should ensure that supervisors of midwives are available to offer guidance and support to women accessing maternity services and that these services respond to the needs of vulnerable women who may find accessing care more challenging.
### LSA Expectation

- The SoM team will facilitate the LSAMO to complete an annual audit of supervision of midwives within its area.
- SoMs must involve and engage with women who use the services of midwives in assuring the effectiveness of supervision of midwives.
- SoMs must be available to offer guidance and support to women accessing maternity services. These services should respond to the needs of vulnerable women who may find accessing care more challenging.

### Evidence and Audit Findings

- The action plan from 2015/16 audit period has been reviewed and monitored at SOM meetings.
- Of 12 recommendations 7 have been met, 5 are in progress.
- There was evidence that progress had been made against the recommendations from the previous LSA audit. However, work remains ongoing to ensure that community midwifery diaries are stored securely at UHBT.
- The audit team reviewed the Trust website which included a range of welcoming information for women including when and how to call a SoM and links to a variety of useful information.
- The website was well evaluated by the LSA Lay Reviewer. SoMs described how the website generated contact via telephone and email and had resulted in 1:1 meetings and positive feedback to named midwives.
- The SOM team recognise that there is a need to undertake further work with the users of the service including vulnerable women who may find accessing care more challenging.

### 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 appointment.
3 She must also have either:
   3.1 Successfully completed an approved programme of education for the preparation of supervisors of midwives within the three-year period immediately preceding the first date of appointment; or
   3.2 Where it is more than three but less than five years that have passed since she successfully completed an approved programme of education for the preparation of supervisors of midwives, complied with the continuing professional development requirements for supervisors of midwives referred to in paragraph 1.3.
4 For any subsequent appointment as a supervisor of midwives, she must be a practising midwife and:
   4.1 Have practised as a supervisor of midwives or a local supervising authority midwifery officer within the three-year period immediately preceding the subsequent date of appointment; or
   4.2 Where she has only practised as a supervisor of midwives or a local supervising authority midwifery officer within a period which is more than three years but less than five years immediately preceding the subsequent date of appointment, have also successfully complied with the continuing professional development requirements for supervisors of midwives referred to in paragraph 1.3.
5 A supervisor of midwives must be capable of meeting the competencies set out in Standards for the preparation and practice of supervisors of midwives (NMC 2006).

LSA Expectation  Evidence and Audit Findings

- Any midwives on the Preparation of Supervisors of Midwives (PoSoM) must have been through LSA selection processes
- Each SoM must demonstrate ability to achieve the competencies set out in the NMC (2012) Standards for the preparation of supervisors of midwives.
- Nomination, selection and appointment of SOMs occurs as per LSA guidance. There are currently two PoSoMs undertaking the training.
- All members of the SOM team have completed the required PREP activities. Two supervisors have completed their training within the previous 12 months and are undertaking a preceptorship programme.
| A current list of SoMs is available on the LSAdb and will be reported in the LSA audit report. | All members of the SOM team has self-assessed their competence to fulfil the role and has a plan to address any learning needs.  
At the time of audit the list of appointed SOMs on the LSAdb was inaccurate. Two SoMs had retired and one had left the trust. This needs to be addressed by the LSA. |

**Outcome**  
**Rule 8 Met**
Rule 9  Local Supervising Authority’s Responsibilities for Supervision of Midwives

Rule

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

LSA standards

1 A local supervising authority must:
1.1 Ensure that a local framework exists to provide:
1.1.1 Equitable, effective supervision for all midwives working within the local supervising authority.
1.1.2 Support for student midwives to enable them to have access to a supervisor of midwives.
1.2 Ensure the ratio of supervisor of midwives to midwives reflects local need and circumstances and does not compromise the safety of women. This ratio will not normally exceed 1:15.
1.3 Put in place a strategy to enable effective communication between all supervisors of midwives. This should include communication with supervisors in other local supervising authorities.
1.4 Monitor and ensure that adequate resources are provided to enable supervisors of midwives to fulfil their role.
1.5 Publish guidelines to ensure consistency in the approach taken by supervisors of midwives in their area to the annual review of a midwife’s practice. These must include that the supervisor undertakes an assessment of the midwife’s compliance with the requirements to maintain midwifery registration. 1.6 Ensure the availability of local systems to enable supervisors of midwives to maintain and securely store records of all their supervisory activities.

LSA Expectations

• There is a local framework for supervision
• All student midwives must have access to a SoM and there should be local systems for this.
• Ratio 1:15 (adjusted if there is a full time SoM or additional time is given).
• The LSAMO will cascade information to all SoMs via CSOM.
• The CSOM will communicate any team issues to the LSAMO directly.
• Resources for supervision should be reviewed at every SoM meeting and any concerns raised via CSOM to the LSAMO
• Annual reviews are based on LSAMO Forum UK policy

Evidence and Audit Findings

• The team are available and accessible 24 hours per day via an on call system. Rotas with contact details are available in the clinical areas for midwives and the process of how to contact a SOM is on the Trust website.
• The team were unable to evidence 50-75% attendance at local SoM meetings across the team.
• Every midwife has a named supervisor of midwives which was evidenced by the LSAdb and cross check with midwifery establishment.
• Student midwives have a named SOM allocated to their cohort (large cohorts are allocated 2 SoMs) The SoM is selected in turn
- Local systems have been developed to ensure that SoMs have safe storage systems of any supervisory records.
- The team are involved in teaching them about supervision in the clinical area. The University teaches the students about supervision as part of their academic component. Student midwives are aware how to contact both their own and an on-call SoM if required.
- The overall SOM to midwife ratio is 1:28 which is outside the recommended ratio of 1:15 caseloads are being re-distributed following a choice exercise. The contact SoM 1:40 reflective of a slightly lower ratio for the preceptee SoMs (will then be 1:30).
- The high ratio of midwife to supervisor is reflected on the Trust risk register. Both HoM and DoN are aware.
- Contact SoM feels well supported by the HoM and works flexibly with support from her line manager in order to fulfil the role.
- There is a robust system in place for the cascade of information from the LSAMO to all SoMs.
- All annual reviews are undertaken in line with the LSAMO Forum UK Policy and this was confirmed by a spot check on the LSA database.
- Supervisory records are stored securely either in soft copy on the LSAdb or on a password protected area of the Trust shared drive and in hard copy in locked storage cabinets.

<table>
<thead>
<tr>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule 9 Not Met (high ratios of SoM:Midwife and less than 75% attendance at meetings)</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>LSA Expectation</th>
<th>Evidence and Audit Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>The maternity risk management strategy accurately describes the role of the SOM and their role in the patient safety agenda.</td>
</tr>
<tr>
<td>Service recommendations evolving from investigations should be escalated to the employer and monitored by the SoM team.</td>
<td>The risk management Strategy has been redrafted to reflect the need for a SoM to be present at SI RCA</td>
</tr>
<tr>
<td>The supervisory team are aware of all incidents and complaints which highlight concerns regarding midwifery practice occurring within the service. Serious Incidents are reported to the LSA. There is evidence of a systematic review of midwifery practice when required.</td>
<td>There is not a local tracking spreadsheet for investigation</td>
</tr>
<tr>
<td>There should be an effective, shared and transparent interface between supervision and clinical governance.</td>
<td>Recommendation: to use LSAdb at each SoM meeting to track progress of supervisory investigations ensuring that the LSA are alerted if the investigation is not running to time (currently 45 days for completion).</td>
</tr>
<tr>
<td></td>
<td>One SoM delayed putting the alert for the investigation on the database to delay the clock starting on the investigation.</td>
</tr>
<tr>
<td></td>
<td>SOMs attend and contribute to the</td>
</tr>
</tbody>
</table>
maternity governance meetings, incident reviews and policy group. Both the HoM and DoN confirmed assurance that SoMs were effective and visible.

- Patient safety officer now attends each SoM meeting discussion of trends emails the SoM email if there is an SI and an invitation for a RCA

- 8 investigations in past 12 months involving 10 midwives. One of which is ongoing. None of the investigations were completed within the recommended timescale. There is one historical case that has not been completed and the midwife has resigned. Action plan agreed with the lead investigating SoM.

- Evidence of learning from supervisory investigations – new process and paperwork for triage and escalation of concerns in relation to SBRs

- There is an effective system for SOMs to be alerted of all maternity adverse incidents which allows timely review, completion of a ‘decision making tool’ when indicated and commencement of supervisory investigation. The LSA agrees any recommendations made for midwives as a result of a supervisory investigation.

- Supervisory investigations are shared within the team to ensure fair workload, reduction of bias and optimal support to the midwife. The team does not systematically track their process and progress against the LSAMO Forum UK policy and achieve compliance with timeliness
- SoM attends Weston governance meeting and stays to run a SoM surgery. Commenced April 2016.

- Investigation findings are regularly discussed at SoM meetings so that trends can be identified and any learning implemented through practice change and action planning.

- Any organisational recommendations that result from supervisory investigations are followed up with management. This was confirmed by the DoN and HoM who feel that the Contact SoM keeps them well informed.

### Outcome

**Rule 10 Not Met**  
All supervisory investigations should be completed within 45 days (now 60 days). Where an investigation is delayed for external reasons the LSAMO Forum UK Freezing the timeline guidance should be instituted.
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. 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 may 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.

<table>
<thead>
<tr>
<th>NMC rule</th>
<th>Evidence required</th>
<th>Evidence reviewed</th>
<th>Conclusions</th>
<th>Recommendations</th>
</tr>
</thead>
</table>

Peer SoM Auditor Findings

1 LSA Audit visit 2016 peer SoM report

Trust: University Hospitals Bristol NHS Foundation Trust
Date: Monday June 6\textsuperscript{th} 2016
SoM (name and signature): Janet Barker
<table>
<thead>
<tr>
<th>Rule 4</th>
<th>What is the system for processing the ITPs of new midwives and agency midwives? Do you see any weaknesses in this process?</th>
<th>A discussion around the process found that this was done alongside the new starters paperwork.</th>
<th>There were delays in adding the information to the database due to workplace pressures. Some of the information was not up to date for example around midwives on maternity leave.</th>
<th>More designated time for supervisory activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What paperwork do SoMs use for annual reviews? Does this paperwork include a review of PREP (or revalidation) requirements?</td>
<td>Standardised documentation is used but some SOMs were having difficulty uploading it onto the database.</td>
<td>There is a high midwife to SOM ratio resulting in delays in completing annual reviews within the recommended timescale.</td>
<td>To consider group supervision to be able to provide midwives with timely annual reviews. Training on the use of the LSA database where needed.</td>
</tr>
<tr>
<td>Rule 6</td>
<td>What is the process for the storage of community midwives’ diaries at the end of the year?</td>
<td>There currently is no process as there are problems finding a suitable place to store all the diaries. Community midwives currently keep all their own diaries themselves.</td>
<td>This is on the trust risk register and work is in progress to find appropriate storage facilities.</td>
<td>To continue working towards finding a solution to this problem. To establish a system for the safe storage and return of community records.</td>
</tr>
<tr>
<td></td>
<td>During your tour of the unit, please look for good and bad practice in the storage of records. What are your conclusions?</td>
<td>There were no examples of bad practice. All records were secure and not</td>
<td>There were purpose built trolleys to store notes in all areas. They were secure and not</td>
<td>To continue these good working practices.</td>
</tr>
</tbody>
</table>
were securely stored and there were no breaches of confidentiality noted.

able to be viewed by the public.

<table>
<thead>
<tr>
<th>Rule 7</th>
<th>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?</th>
<th>The SOMS interviewed all felt the LSAMO and LSA midwife were mostly very accessible when needed. They had sometimes experienced delays getting hold of them for support during the investigatory process.</th>
<th>The SOMS felt the investigatory process was too long and all had found the report writing process for an investigation frustrating.</th>
<th>More training around conducting and writing up investigations.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How do SoMs communicate with midwives? Look for posters and notices and ask about newsletters. What is the tone of these communications?</td>
<td>Highlight reports sent to all staff by e-mail. The Maternity Workspace Safety messages. Safe care bundles. White boards in clinical areas.</td>
<td>There were several information streams in existence.</td>
<td>To continue making sure all midwives receive pertinent information from the SOM team.</td>
</tr>
<tr>
<td>Rule 10</td>
<td>What evidence did you see of good working relationships between supervision and risk management?</td>
<td>This is a small team of supervisors and a supervisor is always in</td>
<td>There are not many SOMs to spread the work around and there</td>
<td>To make sure all SOMs have the opportunity to participate in the risk</td>
</tr>
<tr>
<td>Process</td>
<td>Attendance at the risk management meeting.</td>
<td>Can be some who get overloaded at times.</td>
<td>Management process.</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>What has been the experience of midwives with case reviews and investigations? How do they view the process? What recommendations would you make to improve the process from the midwives' perspective?</td>
<td>The midwives I spoke to had not had any experience of this.</td>
<td>They felt the process was quite secretive and would like to be made more aware of outcomes.</td>
<td>Consider a means of making staff more aware of best practice recommendations from the investigatory process.</td>
<td></td>
</tr>
<tr>
<td>Medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What guidance is given to midwives concerning medicines management? Is there a maternity medicines policy?</td>
<td>They all have an annual update as part of the mandatory training process. There is a trust Guideline.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do midwives use PGDs? What initial training is given? How is on-going competence assessed?</td>
<td>They do use PGDs, The practice development team do the training and monitor on-going competencies.</td>
<td>To continue with the trust process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do midwives accept verbal orders in their practice? Under what circumstances?</td>
<td>The midwives interviewed all stated they would never take verbal orders in any circumstance,</td>
<td></td>
<td>This was evidenced from the questionnaires.</td>
<td></td>
</tr>
<tr>
<td>Culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your perception of the relationship between SoMs and midwives?</td>
<td>Those interviewed without exception all stated it was supportive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What concerns do midwives have regarding supervision? How are these concerns being addressed?</td>
<td>What the future holds. What new system will be put in place.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td>Yes I felt the verbal tone was respectful and culturally sensitive. This was evidenced from the many excellent poster and signage examples around the unit.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All the notice boards were full of excellent and well-presented information.</td>
<td>To continue upholding current standards.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

| Please identify three areas of good supervisory practice. | The promotion of the Supervisory service within the trust and its accessibility to women. The new trust App. The promotion of individual SOMs to the public from their noticeboard display |

<table>
<thead>
<tr>
<th>Are there any areas that particularly concerned you?</th>
<th>Following the interview with the midwifery students several of them mentioned that they felt there were cliques in some working areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This was discussed with some of the SOM team who said they were aware of these issues as was the head of midwifery. They were looking at</td>
<td></td>
</tr>
</tbody>
</table>
This made for unhappy working days in their placements. They sometimes felt unable to voice their concerns and true thoughts as they felt it would impact upon their future employment prospects within the trust. ways of resolving this.

<table>
<thead>
<tr>
<th>Are there any actions that you feel the LSA should be taking forward as a matter of urgency arising from this audit?</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>What have you learnt today that you will share with your own SoM team to improve practice in your own area?</td>
<td>The midwifery App Neonatal nurses working alongside the midwifery team on the wards. Looking at Facebook as a way of recruiting lay members.</td>
</tr>
</tbody>
</table>
Thank you for joining the LSA audit team for this visit.

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.
## Rule 7

Please review the methods used by the team to communicate with women and consider these points relating to content:
- Is there a clear explanation of the role of statutory supervision?
- Is it clear how a woman can contact a SoM?
- Does the information contain the LSAMO’s name and contact details?

<table>
<thead>
<tr>
<th>Evidence reviewed</th>
<th>Posters and leaflets</th>
<th>Website or web pages</th>
<th>Facebook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of supervision – yes</td>
<td>e.g. on poster/display board plain English statement of what SOMs are and what they do.</td>
<td>Role of Supervision – yes – excellent plain English statements on web pages of ‘who we are’ and ‘what we do’</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Contact – yes e.g. on poster/display board plain English explanation of on call system and contact numbers</td>
<td>LSAMO – yes – contact details clear on ‘who we are’ page</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please review each of the methods used by the team to communicate with women and consider these points relating to style:
- Accessibility and ease of reading
- Clarity and ease of understanding
- Friendly, engaging, encouraging?
- Respectful and inclusive?

<table>
<thead>
<tr>
<th>Evidence reviewed</th>
<th>Posters and leaflets</th>
<th>Website or web pages</th>
<th>Facebook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poster/display board and leaflet both of a very high standard. The poster/display board is attractive with smiling pictures of all the supervisors and information in plain English. The leaflet is attractively presented, and again in plain English, focusing on women’s needs and the reasons that they</td>
<td>The web information has a link under ‘midwifery services’. It is attractively presented, clearly expressed in plain English, and links to the leaflet (see notes on leaflet). A philosophy of supervision is stated that includes advocacy for women making</td>
<td>Not applicable.</td>
<td></td>
</tr>
</tbody>
</table>
might have for finding out about supervision.

Hospital branding on leaflets is always something to think about, as is the label 'patient' information. If maternity care is essentially a community service, whether at home or in a midwifery unit, with hospital care (secondary care in an obstetric unit) available for those that need it, and those that choose it, perhaps time to relabel leaflets as 'maternity information' and consider how prominent the hospital 'branding' is? What message does the word 'hospital' give to women about birth?

The front of the leaflet says patient(s) twice, and hospital(s) three times.

classification: Official

### Ask women

Ask women for their views on the printed and electronic resources. You may wish to ask them to consider these points:
- Accessibility and ease of reading
- Clarity and ease of understanding
- Friendly, engaging, encouraging?
- Respectful and inclusive?
- What could be done to improve the information?

All three women the Reviewer spoke to on the wards had heard of SOMs. One recalled the poster/display board. None of them recalled the leaflet. One other woman interviewed was friend of a SOM. One other woman interviewed was aware of SOMs as a result of

See note regrading poster and leaflet.

Not applicable.
The materials will all need to be updated to reflect the new model of supervision in the year ahead. It would be good practice to work with the local MSLC to involve women, to ensure that the updated materials are women-centred and user-friendly.

Recommendations for communications with women

- When communications are revised to reflect the new model of supervision, involved women via the MSLC to ensure that communications are women-centred, accessible and inclusive and are effective in reaching women.
- Consider using social media particularly Facebook and Twitter to link to women’s networks, communicate with women and promote awareness of supervision and what it offers to women e.g. via the #mslc and #MatExp hashtags and tweet chats on Twitter, and #MatExp on Facebook; work collaboratively with the MSLC in developing this work

<table>
<thead>
<tr>
<th>Rule 8</th>
<th>Complex care plans.</th>
<th>(Not reviewed, as directed by LSAMO)</th>
<th>-</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physical environment</th>
<th>Staff behaviour and attitudes</th>
<th>Support of normal birth and early parenting</th>
</tr>
</thead>
</table>

Please consider these areas:
- Physical environment
- Attitude of staff
- Support of normal birth and early parenting

Signage is adequate. Some wards have numbers rather than functional names – is this welcoming, woman- and parent-centred? Could signs be larger and clearer, perhaps?

The desk at the entrance to the midwifery unit and adjoining ward was not staffed, and a small written notice indicated the need to ring for attention. This did not seem reassuring and welcoming to the Reviewer.

Both the obstetric unit (OU) and alongside midwifery unit (AMU) facilities have modern furniture and fittings, and the décor is attractive.

OU – ‘Respect dignity privacy – please knock and

The Reviewer had no major concerns. Staff used positive and appropriate language, and were keen to talk about their work, and the women they care for.

The word ‘patient’ is plainly the usual term in thinking pattern for several staff, rather than ‘woman’. What philosophical and practical difference might consciously thinking and saying ‘woman’ every time make? Does it matter? Could changing the language change something more fundamental? What connotations does the word ‘patient’ have and is it helpful if women think of themselves as ‘patients’ in birth? How might language help to promote normality, so far as possible, in all births?

There is an attractive and informative ‘Help yourself to a normal birth’ poster/display by the lifts on the ground floor. It would be interesting to work with the MSLC (Maternity Voices) to find out if this is in a good location, and whether women read it and find it helpful. Along with the Supervisors poster/display, it contributes to an impression of a philosophy of accessibility, and of promoting normal birth, even if one does not have time to stop and read.

Topics on the poster include:
- Have a home birth!
- Get in the water
- Keep your energy and fluid levels up
- Have your baby’s heartbeat monitored
| wait to be invited to enter’ notices were noted. These are an example of good practice, as are the Shared Care/Midwifery Care/High Dependency Care notices for doors. But does the high dependency notice have to be bright red? Would blue be a calmer statement? What message does bright red tend to communicate on notices in our society? Danger? How might the woman react, sub-consciously? Is she then expecting all to go well? Floors, bathrooms and rooms were clean. In the OU the bed was in the middle of each birthing room: every maternity service says ‘this is how the cleaners leave the room’ as here. How could this be changed? Could the cleaners be engaged as contributors to the team, even though they are (one assumes) contractors? Toilets were (generally) labelled simply with a pictogram of a toilet and the word ‘toilet’ – a pleasant change from environments in other services in which all are labelled ‘patient toilet’: Is birth a clinical event, or a biopsychosocial event? Who holds the power to determine its nature by labelling it? What responsibility does that bring? intermittently while in labour The team might perhaps look at a visual display such as ‘Kiki Hansard’s path to birth’ (available online). Could something similar be put up in waiting areas and birth rooms? The ‘making things better’ display/poster by the lifts on the ground floor is impressive – explaining reasons for supporting normal birth in plain English. The message is that choices involve trade-offs, and normal birth has many positive aspects e.g. usually better short and long term outcomes for mother and baby. As above, it communicates philosophy powerfully: is it reaching local women? Is the language that midwives use always consistent with this philosophy? See notes in box to left.
so important not to give messages that are counter to the philosophy of service.

OU has a ‘patients dining room’ for ‘patients only’ – could this be labelled ‘Dining room - Sorry – we cannot provide food for partners and family members’?

### Recommendations for the birth environment

- Make the high dependency notice blue not red, unless there are clear reasons for prioritising the ‘danger – risk’ message over ‘giving information, but recognising that this is a family space’
- Re-label the OU dining room as ‘Dining room - Sorry – we cannot provide food for partners and family members’ - avoid promoting the word ‘patient’ because that comes with connotations that are not always helpful in promoting normality, so far as possible, in all births
- Work with the cleaning staff – how could OU rooms be left ready as birthing rooms rather than standard hospital rooms?

### Culture

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your perception of the language used by SoMs in relation to women and other service users in conversations and presentations? Is it inclusive and respectful?</td>
<td>Yes, the language was positive, inclusive and respectful.</td>
</tr>
<tr>
<td>What is your perception of the relationship between SoMs and women?</td>
<td>One woman interviewed had contacted SOM to discuss birth experiences and felt she had been treated very respectfully and that her needs had been met. Two women interviewed mentioned midwife-led antenatal classes with positive content – one mentioned feeling ‘quite empowered’ and that ‘you can decide what to do.’ Women interviewed on the</td>
</tr>
<tr>
<td>Summary</td>
<td>Please identify three areas of good supervisory practice.</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Are there any areas that particularly concerned you?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any actions that you feel the LSA should be taking forward as a matter of urgency arising from this audit?</td>
<td>No</td>
</tr>
<tr>
<td>NICE CG138 section 1.5.24.</td>
<td>The leaflet is inaccurate and misleading in suggesting that the ‘risk of a serious medical problem’ (see NICE 2014) means ‘some form of extra care’ is required – because the definition includes stillbirths and other serious problems. Please update to accurately reflect CG190 – the NICE Information for the Public may be a useful model.</td>
</tr>
</tbody>
</table>
Summary of Recommendations

NMC Compliance

100% of eligible Midwives should have an annual review with their supervisor of midwives and this should include evidence that the midwife has met the PREP standard. Implementation of group supervision to undertake annual reviews.

Safe storage of community midwifery records.

All supervisory investigations should be completed within 45 days (now 60 days). Where an investigation is delayed for external reasons the LSAMO Forum UK Freezing the timeline guidance should be instituted.

Close monitoring of supervisory ratios to ensure adequate time to undertake supervisory activities.

Midwifery Practice

Organisational

Monitoring

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

After the removal of statute planned for March 2017 the monitoring of the action plan will be handed over to the Head of Midwifery.
### Appendix 1 - Programme

**Timetable for LSA Audit Visit 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>People Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900</td>
<td>Audit team meet with contact SoM Sara Arnold in St Michael’s reception: admin and confirmation of plan for the day</td>
<td>Audit team (LSAMO, LSA midwife, lay auditor, peer SoMs) and contact SoM</td>
</tr>
<tr>
<td>0915</td>
<td>Introductions</td>
<td>LSA audit team, SoMs, invited guests</td>
</tr>
<tr>
<td>0915-1000</td>
<td>SoM presentation</td>
<td>Audit team and all SoMs</td>
</tr>
<tr>
<td></td>
<td>• Update on SoM action plan agreed at previous audit</td>
<td>Lay representatives (including MSLC and others)</td>
</tr>
<tr>
<td></td>
<td>• Showcase of SoM initiatives or good practice in last 12 months</td>
<td>Midwives and student midwives</td>
</tr>
<tr>
<td></td>
<td><strong>Room: Meeting Room Level C</strong></td>
<td>Head of Midwifery (HoM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Nursing (DoN)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lead Midwife for Education (LME)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Service Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risk midwife or risk manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obstetricians, anaesthetists, paediatricians</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Members of the Trust Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GP representative</td>
</tr>
<tr>
<td>10.15-1015</td>
<td>Coffee and disperse to meetings</td>
<td>Lay auditor</td>
</tr>
<tr>
<td></td>
<td>10.15 LSAMO and LSA midwife Joint meeting with HoM and DoN</td>
<td>Meet with service users. Please choose most appropriate method for your service: on wards, in clinics, phone conversations, pre-invited focus group</td>
</tr>
<tr>
<td></td>
<td><strong>Sarah Windfeld’s office</strong></td>
<td><strong>Visiting ward</strong></td>
</tr>
<tr>
<td></td>
<td>10.15 Peer SoM Meet with student midwives (30 mins)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Meeting Room Level C</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.45 LSAMO Meet with LME <strong>Sarah Windfeld’s office</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.45 Peer SoM &amp; LSA midwife Meet with midwives (30 mins)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Meeting Room Level C</strong></td>
<td></td>
</tr>
<tr>
<td>1115-1215</td>
<td>Review of submitted evidence with Contact SoM and SoM team (including check of ITP list)</td>
<td></td>
</tr>
<tr>
<td>1215-13.00</td>
<td><strong>Lunch (including tour of unit for peer SoM and/or lay auditor as requested)</strong></td>
<td>Room 1 IM&amp;T Building</td>
</tr>
<tr>
<td>13.00-14.00</td>
<td>Completion of review of submitted evidence with Contact SoM and SoM team (including check of ITP list)</td>
<td></td>
</tr>
<tr>
<td>14.00-15.30</td>
<td>LSA audit team meet in camera to review findings and commence drafting of report</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Meeting Room Level C – with coffee and tea</strong></td>
<td></td>
</tr>
<tr>
<td>15.30</td>
<td>Feedback of findings</td>
<td></td>
</tr>
</tbody>
</table>
### Rule 4 UHBT : Not Met

#### Notifications by 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.

<table>
<thead>
<tr>
<th>LSA Expectation</th>
<th>SoM team self-assessment including their comments and submitted evidence</th>
<th>Measurement</th>
<th>LSA verification and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personalised ITP notification forms would have been sent to all midwives whose name appears on the effective register as of 31st March 2015. Midwives to be eligible to submit an ITP notification must have effective registration on the midwives’ part of the NMC register and be intending to practise midwifery.</td>
<td>Every midwife has a current ITP</td>
<td>Requires Improvement</td>
<td>ESR and Data Base check List. Poster displayed each year with how to upload ITP’s. Contact SoM reviews on an ad hoc basis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Met</td>
<td></td>
</tr>
</tbody>
</table>
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 for guidance.

<table>
<thead>
<tr>
<th>When ITP’s.</th>
<th>Every eligible midwife has had an annual review in the last 12 months and it has been uploaded to the LSAdb</th>
<th>There are midwives in the maternity unit who annual reviews are out of date</th>
</tr>
</thead>
</table>

SoM’s have been reminded to complete all outstanding annual reviews ASAP.

Not Met: 95% annual review – 10 annual reviews outstanding. Some midwives on long term sick and others on maternity leave - these needs to be reflected on the database. Some retired need to be deactivated.

Team just completed a choice of SoM exercise and have readjusted the caseloads.

5 midwives have never had an annual review. These are new starters who meet the HoM as part of the trust induction who advises regarding how to contact a SoM.

High ratios - need to consider group supervision - LSA to
Rule 6 UHBT
Records- Requires Improvement

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.

<table>
<thead>
<tr>
<th>LSA Expectation</th>
<th>SoM team self</th>
<th>Measurement</th>
<th>LSA verification and</th>
<th>send guidelines from Wales.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwives have a responsibility to keep secure any records that contain person identifiable and/or clinical information (this includes work diaries)</td>
<td>assessment including their comments and submitted evidence</td>
<td>Met</td>
<td>Requires Improvement</td>
<td>Not Met</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>All records (including community midwives’ diaries) are stored securely so that patient confidentiality is maintained</td>
<td>Records are stored but patient confidentiality may be breached due to accessibility of records.</td>
<td>Records are not stored securely and patient confidentiality is breached</td>
<td>Community midwifery diaries are not currently collected and stored safely due to lack of storage space, this is on the risk register. HoM scoping storage options and also robust system for logging of diaries. Trolleys are locked with a key pad. Supervisors have conducted audits of staff complying with the policy to store notes in the locked trolleys. observed staff replacing notes and locking the cabinet.</td>
<td></td>
</tr>
<tr>
<td>There is an organisational records policy that includes direction on storage of records (including community midwives’ diaries) for 25 years.</td>
<td>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</td>
<td>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</td>
<td>Organisational records policy is in place. All records except handheld notes are now electronic.</td>
<td></td>
</tr>
<tr>
<td>SoMs must advise midwives working in self-employed practice of when they should transfer records to the</td>
<td>There is evidence that SOMs have communicated with self-employed midwives regarding records</td>
<td>There is evidence that SOMs have communicated with self-employed midwives regarding records</td>
<td>There is no evidence that SOMs have communicated with self-employed midwives regarding records</td>
<td>No independent midwives are supervised at UHBT.</td>
</tr>
</tbody>
</table>
LSA and make them aware of the LSAMO Forum UK policy
Transfer of midwifery records for self-employed midwives.

transfer either by letter or via their annual review documentation making reference to the LSAMO Forum UK policy
transfer either by letter or via their annual review documentation but no reference is made to the LSAMO Forum UK policy
transfer

Rule 7 : UHBT
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.

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.

<table>
<thead>
<tr>
<th>LSA Expectation</th>
<th>SoM team self assessment including their comments and submitted evidence</th>
<th>Measurement</th>
<th>LSA verification and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The SoM team will facilitate the LSAMO to complete an annual audit of supervision of midwives within its area.</td>
<td>The team’s action plan has been regularly reviewed and progress monitored. Significant and measurable progress has been made in completion of the action plan.</td>
<td>The action plan has been occasionally reviewed and progress only intermittently monitored. Fewer than half of tasks on the action plan have been completed.</td>
<td>The action plan has rarely been reviewed or progress monitored. Few or no actions have been completed.</td>
</tr>
<tr>
<td>SoMs must involve and engage with women who use the services of midwives in assuring the effectiveness of supervision of midwives.</td>
<td>The SoM team uses a variety of ways to publicise the team and their contact methods, to women and their families. SoMs are easy to find on 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. There is a dedicated email and/or telephone number for contacting a SoM.</td>
<td>The SoM team have posters displayed and some information on the Trust website. Web information is present but not necessarily easy to find and limited in content. Contact details are clearly displayed.</td>
<td>The team are not well publicised in the unit. Information about services on the web is poor quality, limited and hard to find. There are no clear contact details.</td>
</tr>
</tbody>
</table>

| SoMs must be available to offer guidance and support to women accessing maternity services. These services should respond to the needs of vulnerable women who may find accessing care more challenging. | The SoM team can give multiple examples of engagement with women including vulnerable women who may find accessing care more challenging. | Limited examples of engagement with women. | The team have no examples of examples of engagement with women. | Team aware need to reach out to more vulnerable groups but this is challenging. |

**Rule 8: UHBT- met 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**

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 appointment.

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).
<table>
<thead>
<tr>
<th>LSA Expectation</th>
<th>SoM team self assessment including their comments and submitted evidence</th>
<th>Measurement</th>
<th>LSA verification and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any midwives on the Preparation of Supervisors of Midwives (PoSoM) must have been through LSA selection processes.</td>
<td>Nomination, selection and appointment of future SoMs is always conducted in line with LSA guidance</td>
<td>Nomination, selection and appointment of future SoMs is not always conducted in line with LSA guidance</td>
<td>2 midwives currently undertaking the PoSoM course. LSA is assured appropriate process followed.</td>
</tr>
<tr>
<td>Each SoM must demonstrate ability to achieve the competencies set out in the NMC (2012) Standards for the preparation of supervisors of midwives.</td>
<td>Every SoM has completed the required PREP activities</td>
<td>None of the SoMs have completed the required PREP activities</td>
<td>All supervisors have entered the required PREP to meet the required NMC standard. 1 newly qualified supervisor has not entered PREP however this is not a requirement as she remains on preceptorship.</td>
</tr>
<tr>
<td></td>
<td>Only some of the SoMs have self-assessed their competence to fulfil the role and have a plan to address any learning needs</td>
<td>None of the SoMs have self-assessed their competence to fulfil the role</td>
<td>MP check tomorrow</td>
</tr>
<tr>
<td>A current list of SoMs is available on the LSAdb</td>
<td>All SoMs are listed on the LSAdb and any</td>
<td>There is an inaccurate list of SoMs on the</td>
<td>met</td>
</tr>
</tbody>
</table>
and will be reported in the LSA audit report.

| resignations or leave of absences have been notified to the LSAMO and are reflected on the LSAdb |
| LSAdb because resignations or leave of absences have not been notified |

**Rule 9: UHBT: NOT MET**

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.

<table>
<thead>
<tr>
<th>LSA Expectation</th>
<th>SoM team self-assessment including their comments and submitted evidence</th>
<th>Measurement</th>
<th>LSA verification and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a local framework for supervision</td>
<td>Women and midwives have 24 hour access to supervisory advice</td>
<td>Women and midwives do not have 24 hour access to supervisory advice</td>
<td>24hours Availability of SoM on rota seen during audit.</td>
</tr>
<tr>
<td></td>
<td>There is a minimum of 75% attendance at SoM team meetings over the year by each SoM</td>
<td>Attendance at SoM team meetings averages 50 – 75%</td>
<td>Requires Improvement. Attendance at SoM team meetings averages 50 – 75%</td>
</tr>
<tr>
<td>All student midwives must have access to a SoM and there should be local systems for this.</td>
<td>Student Midwives have a named SoM, have had a significant meeting or teaching session and are aware of how to contact both their own and an on-call supervisor if required</td>
<td>Student midwives have a named SoM, know who it is but have not had a significant meeting or teaching session with her/him, and are aware of how to contact a supervisor if required</td>
<td>SoM for each student Cohort. If large cohort 2 SoM’s assigned. There is a rota to be allocated a cohort.</td>
</tr>
<tr>
<td>Ratio 1:15 (adjusted if there is a full time SoM or additional time is given).</td>
<td>SoM to Midwife ratio of 1:15 or less</td>
<td>Ratio of SoM to midwife is &gt; 1:15</td>
<td>Not Met: 1:28 based on 10 supervisors. On trust risk register. (education link som does not hold a caseload)</td>
</tr>
<tr>
<td></td>
<td>Every midwife in the maternity unit has a named SoM</td>
<td>There are midwives who do not have a named SoM</td>
<td>Met-establishment checked.</td>
</tr>
<tr>
<td></td>
<td>All midwives are aware</td>
<td>Some midwives are</td>
<td>Every supervisor has</td>
</tr>
<tr>
<td></td>
<td>Very few or no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification: Official</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of the process for changing their named SoM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aware of the process for changing their named SoM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>midwives are aware of the process for changing their named SoM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>just been offered the opportunity to choose their supervisor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is equity in caseloads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caseloads are unevenly spread</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caseloads show wide variation with no plan in place to improve equity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The contact supervisor has a caseload of 1:30. All other supervisors are 1:28. Therefore Caseloads are equitable amongst supervisors.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The LSAMO will cascade information to all SoMs via CSoM. The CSoM will communicate any team issues to the LSAMO directly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a robust system in place for the cascade of information from the LSAMO to SoMs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The cascade of information from the LSAMO is spasmodic and unreliable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SoMs do not receive any communication from the LSAMO.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact SoM sends all information direct to SoMs via email and presents a report to the SoM meeting. If training from contact meeting will also update. Contact has attended all contact SoM meetings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources for supervision should be reviewed at every SoM meeting and any concerns raised via CSoM to the LSAMO.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there are concerns regarding resources for supervision, these have been adequately escalated to the LSAMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are concerns but these have not been consistently or fully escalated fully to the LSAMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are concerns but there is no evidence that SoMs have escalated them to the LSA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The contact supervisor is well supported by the Head of midwifery regarding time.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time is available if an investigation is being completed however this may impact upon the time to complete an investigation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caseloads are high on risk register. LSA has discussed the prospect</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rule 10 – UHBT? Not met
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.

<table>
<thead>
<tr>
<th>LSA Expectation</th>
<th>SoM team self-assessment including their comments and submitted evidence</th>
<th>Measurement</th>
<th>LSA verification and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>There is a robust system for keeping track of investigations. This system is up-to-date and consistently used by all SoMs.</td>
<td>Requires Improvement</td>
<td>Taxi rank now in use for investigations. Contact SoM describes an increase in DMT’s being completed as SOMS now attending governance meetings.</td>
</tr>
<tr>
<td>Requires Improvement</td>
<td>There is a system for keeping track of investigations but this is not maintained consistently.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Met</td>
<td>There is no system for keeping track of investigations.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Measured</th>
<th>Requires Improvement</th>
<th>Not Met</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>100% of SoM investigations have been completed within 60 days.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires Improvement</td>
<td>Less than 100% of SoM investigations have been completed in 60 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Met</td>
<td>Fewer than 50% of SoM investigations have been completed in 60 days</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not met.
<table>
<thead>
<tr>
<th>Classification: Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>The LSAdb has been maintained by each SoM involved a SoM investigation</td>
</tr>
<tr>
<td>Investigations are fairly allocated amongst the SoM team</td>
</tr>
<tr>
<td>All supervisory investigation findings are regularly discussed at SOM meetings, trends identified and any learning implemented through practice changes and action planning</td>
</tr>
<tr>
<td>Outcomes of remediation activities such as LSAPP, LAP are entered onto the LSAdb</td>
</tr>
<tr>
<td>Service recommendations evolving from investigations should be escalated to the employer and monitored by the SoM team.</td>
</tr>
<tr>
<td>The supervisory team are aware of all incidents and complaints which highlight concerns regarding midwifery practice occurring within the service. Serious Incidents are reported to the LSA. There is evidence of a systematic review of midwifery practice when required.</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>There should be an effective, shared and transparent interface between supervision and clinical governance.</td>
</tr>
<tr>
<td>There is a clear process for joint working between SoMs and governance. The interface between</td>
</tr>
<tr>
<td>Risk Management and Supervision of Midwives</td>
</tr>
<tr>
<td>------------------------------------------</td>
</tr>
</tbody>
</table>