



# Annual LSA Audit Report 2015-2016

## Cwm Taf University Health Board

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## **1 Executive Summary**

- 1.1** Local Supervising Authorities (LSA) are organisations within geographical areas, responsible for ensuring that statutory supervision of midwives is undertaken according to the standards set by the Nursing and Midwifery Council (NMC) under article 43 of the Nursing and Midwifery Order 2001, details of which are set out in the NMC Midwives rules and standards (2012). In Wales, the function of the LSA is provided by Healthcare Inspectorate Wales (HIW) on behalf of Welsh Ministers. The LSA in Wales has two appointed LSA Midwifery Officers (LSAMO) to carry out the LSA function on its behalf.
- 1.2** The overarching focus of supervision in the last 12 months has been the implementation of a new model of supervision that enabled the LSA and the Health Boards to meet their respective statutory duties. The backdrop to the need for the new model of supervision in Wales was the identification of many risks in the existing model as well as increasing numbers of resignations and leave of absences by Supervisors of Midwives (SoMs) who could no longer juggle the increasing demands of the role with those of their substantive posts.
- 1.3** The current model went live on the 4<sup>th</sup> August 2014 and in October 2014 the LSA published audit reports to identify the issues for handover and the action plan to take supervision forward. During the 12 months of implementation, the LSA has been able to provide assurance of meeting NMC standards through reporting quarterly key performance indicators (KPIs), bi monthly monitoring and evaluation meetings and a full NMC review. All of these audit processes have confirmed that the LSA was meeting all the standards and were reported in the 2014-15 all Wales LSA Annual report and audit report.
- 1.4** The purpose of the 2015 -16 annual audit is to confirm that SoMs are delivering the function of supervising in each HB against the NMC standards and to make suggestions for further development and continuous improvement. The audit findings from across Wales will inform the direction of travel to support midwives when the legislative changes are made to exit from statutory supervision.
- 1.5** The LSA in Wales has revised and refined the process for auditing maternity services based on compliance with the NMC Midwives Rules and Standards (2012). The audit was conducted through a team approach with peer and lay reviewer input. The aim of the audit process was to assess whether SoM teams were compliant with NMC standards. Standards are judged as “met”, “not met” or “requires improvement”. When a standard is not met, an action plan is formally agreed with the LSA and is delivered to an agreed timeframe.
- 1.6** This report will set out the position of supervision in Cwm Taf University Health Board (CTUHB)

at the time of audit and provide assurance that the revised model has been fully implemented. It will provide highlights of the provision of the current model of supervision which has taken supervision forward to be a high quality, timely and effective service provision.

## **1.7 Overview**

The annual audit process introduced in 2011 was considered no longer fit for purpose since the SoMs are now working as part of the LSA. During 2014-5, the CTUHB SoMs appointed to the revised model of supervision focused on delivering the KPIs identified in the Future Proofing Supervision Service Specification. This focus was maintained in order to further enhance and influence practice change. Progress against the Key Performance Indicators (KPIs) was monitored through the Monitoring and Evaluation Group and through the Senior Leadership Group of HIW. Quarterly reports were prepared and shared with HoMs to further monitor progress and address any specific challenges to progress.

Whilst the LSA reported compliance with all NMC standards in its Annual Report and the audit report published in August 2015, the NMC has recommended that each Health Board should have an individual audit visit and present the findings in a report (NMC October 2015).

The LSA has been clear from the outset that the audit process aims to support continuous development by attracting appropriate resources and training as required. The LSA is working closely with colleagues from across Wales and beyond to redesign the audit process for the coming year as it considers external scrutiny of the LSA to be essential now that the supervisors are working directly to the LSA. We hope that appropriate Health Board personnel will take the opportunity to be part of the audit process as a means of providing maternity services, Executive Directors and the Board with the necessary assurances that statutory supervision is supporting public protection.

This report will be published on the HIW website in due course subject to translation at [www.hiw.org.uk](http://www.hiw.org.uk).

## 2 Introduction

- 2.1 It is expected that Supervisors of Midwives (SoMs) work to NMC standards to empower midwives to practise safely and effectively and thereby enhance public protection. Each year the Local Supervising Authority (LSA) is required to submit a written annual report to the Nursing and Midwifery Council (NMC) to notify it about activities, key issues, good practice and trends affecting maternity services in its area. To inform this process the LSA Midwifery Officer (LSA MO) will undertake audits of maternity services within their area.
- 2.2 The process for the audit of the LSA standards takes a peer review approach against all NMC standards followed by an audit visit from the LSA team to verify evidence submitted against the standards set by the NMC. The review team consisted of the named LSA MO, at least one LSA Lay Reviewer and an experienced SoM from a neighbouring Health Board. This enables a team approach to audit, provides opportunity for peer review and benchmarking as well as supporting the sharing of best practice. The inclusion of the LSA lay reviewers within the team ensures the user perspective throughout the audit process which was welcomed at all levels.
- 2.3 The audit visit for CTUHB took place on 20<sup>th</sup> and 21<sup>st</sup> October 2015 as planned. Key personnel were invited to attend as well as the Health Board supervisory team (**Appendix A –Audit Programme**). The LSA MO will undertake a quarterly Pyramid visit audit in Q3 to review progress with the improvements as part of the annual audit cycle. Individual feedback reports were provided to the Head of Midwifery (HoM) immediately following the visit identifying areas of good practice or raising awareness where development was needed.
- 2.4 The annual audit was conducted by Sue Jose LSA MO, supported by experienced SoM Jo Lavery from Betsi Cadwaladr University Health Board (BCU), experienced SoM Kim Ashton from Cardiff and Vale University Health Board (C&V), LSA Lay Reviewer Louise Woolley and observer CTUHB SoM-in-waiting Rhian Evans.
- 2.5 The audit visit began with a brief overview presentation by Sue Jose and was followed by the SoMs' PowerPoint presentation giving an overview of CTUHB and their supervisory activities and the achievements of the SoMs in relation to good practice. In addition, the audit visit provided an opportunity to meet and share information on supervision with, the Nurse Director, Head of Midwifery, Risk Midwife, SoMs, midwives, student midwives and service users (**Appendix B – Attendees**).

### 3 Audit Findings

#### Summary of LSA audit findings – risk and benefit realisation

| Summary of Key Findings                                    |   |  |
|--|---|--|
| Relevant LSA / Midwives Standard                           | Key Risk / Control  | Outcome<br><i>Met, Not Met, Requires Improvement</i>   |
| <b>Rule 4: Notification of Intention to Practice</b>       | <p>Accurate information and ItPs are submitted on an annual basis or for new employees before midwives commence practice</p> <p>Accurate LSA database records are completed for midwives leaving the organisation</p> | <p><b>Requires Improvement-</b><br/>Overall there was evidence of monthly returns for ItP submissions for new starters and completion of midwives leaving the organisation</p> <p>One midwife who had recently commenced employment in CTUHB had not had an ItP uploaded to the LSADB. This action was concluded during the Audit visit.</p> |
| <b>Rule 6: Retention of Records</b>                        | Midwives comply with systems designed to accurately and securely store clinical records for 25 years  | <b>MET-</b> There was evidence in the clinical area that there was a process for clinical records to be securely stored for 25 years   |
| <b>Rule 8: Supervisor of Midwives</b>                      | Student SoMs are adequately recruited and supported following successful completion of the preparation of SoM programme   | <b>MET-</b> A SoM has been supported by the organisation to undertake the “M” level CPD to step into the model in February 2016.   |
| <b>Rule 9: Adequate resources within recommended ratio</b> | <p>SoM ratios remain within recommended ratio of 1 SoM to 15 midwives</p> <p>SoMs are have adequate resources to be supported in their role</p>   | <b>MET-</b> there is adequate resource to meet the recommended ratio of 1 SoM to 15 midwives. The SoM's are well supported to work across all areas within the Health Board. Current ratio 1:14  |
| <b>Rule 9: ASR compliance</b>                              | Annual Supervisory Review is undertaken for each midwife to evidence how a midwife has met the NMC requirements to maintain their midwifery registration  | <b>NOT MET-</b> The ASR compliance at the time of the audit visit was 98%.   |
| <b>Rule 10: SoM investigation process</b>                  | <p>SoMs undertake supervisory investigations in an open, fair and timely manner</p> <p>SoMs support midwives to complete relevant recommendations for reflection, local action plans or LSA practice programmes</p>   | <b>MET-</b> Overall SoM investigations were undertaken in an open, fair and timely manner with local SoM support to complete relevant recommendations  |

### **3.1 The delivery of effective supervision.**

The LSA for Wales is responsible for appointing an adequate number of SoMs to ensure that all midwives practising in Wales have access to supervision. The NMC Midwives rules and standards [MRS] Rule 9<sup>1</sup> requires that the SoM to midwife ratio will not normally exceed 1:15 but must, at the very least, reflect local need and circumstances, without compromising the safety of women.

As of the 31<sup>st</sup> March 2015, 16 full time SoMs were in post and 1,786 midwives had notified the LSA of their Intention to Practice (ItP) giving an all Wales ratio of 1:11. In CTUHB, 1.8 whole time equivalent SoMs were in post and 199 midwives had notified the LSA of their intention to practice, giving adjusted ratio of 1:11.

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

On the implementation of the current model it was calculated that CTUHB should have 1.6 wte SoMs in post. The team was initially made up of three SoMs. One SoM completed her rotation period in August 2015. Two SoMs have been successful in achieving promotion within CTUHB and are due to leave their SoM role in November 2015 following a handover to the new SoM team who are ready to step into the role.

The LSA ran a selection process for the final PoSoM programme for the Autumn 2015 and there were no applicants from CTUHB. The Organisation is currently supporting an existing SoM to complete the "M" level module for continuing professional development in Swansea University alongside current PoSoM students in readiness to step into the role in February 2016.

From the outset of the current model for supervision, CTUHB has welcomed SoMs from neighbouring Health Boards to provide supervision within their Organisation. This willingness to support SoM's from outside their Organisation offers development opportunities for SoMs and shared learning across Health Boards for CTUHB. This approach will ensure sufficient SoM resources for a rotational plan until March 2017, the anticipated NMC timeframe for the changes in the provision for statutory supervision.

#### **3.1.2 Mechanisms for continuous access to a supervisor of midwives**

Rule 9<sup>2</sup> sets out the requirements for the supervision of midwives and as a minimum each midwife must have a named SoM who she meets with at least once per year for an annual

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<sup>1</sup> NMC Midwives rules and standards (2012)

<sup>2</sup> Rule 9 of the NMC Midwives rules and standards (2012) sets out the requirement for supervisor of midwives.

supervisory review (ASR). During 2014 -15, the average rate of compliance with the ASR meetings was 97% across the audit year. The current ASR compliance at the time of audit was 98%. An action plan will be developed by the SoM team to work toward 100% compliance for quarter three monitoring in December 2015.

Monitoring the compliance with the ASR process has been an important element of the preparation for the implementation of the current model. The LSA has recognised the need to ensure that rotational SoMs do not inherit additional work and that SoM records were in a fit state for hand over, with up to date and relevant information when SoMs exit from the role. Due to the rotation of the SoM team in CTUHB during the Q3 period, the LSA will support and monitor the situation as the new team work toward achieving the required 100% compliance with the ASR process.

Following on from the 2014-15 audit programme, evidence was sought that the main challenges in delivering group supervision had been resolved. The challenges identified were:

- ensuring all midwives could attend a group supervision session
- midwives from different teams are present at each group supervision session
- supervisors of midwives have a consistent approach across Wales.

It was verified that the SoMs have been instrumental in innovations which have enhanced public protection. In particular the SoM team have endeavoured to undertake supervision in a supportive manner and to ensure that all colleagues learn appropriately from clinical incidents. All midwife interviewees reported that the SoMs are visible and accessible and that the current model of supervision in Wales particularly group supervision has facilitated this.

The review team identified from the LSADB that the SoM team could not evidence meeting the standard for KPI 6-

*“100% of newly qualified midwives will meet with a SoM at least twice within 6 months and 3 times by 12 months....”*

This was discussed with a SoM who advised she maintained a personal database that would evidence her contacts. It is a requirement for SoMs to maintain the LSADB to evidence reviews

Since the implementation of the new model, an All Wales SoM 24 hour on call rota is provided for all practising midwives within the LSA area. This provides 24 hour access to a SoM and ensures a SoM is available to women accessing maternity services to offer guidance and support (NMC 2012). A central number is provided for contact, and all contacts, whether from



service users, members of the public or midwives, are written up in SBAR format (A format that records the Situation, Background, Assessment and Recommendations for any issue). The trends and themes are collated on a monthly basis and a six month report was provided to each Head of Midwifery in April 2015. The trends and themes are collated on a monthly basis and a six month report was provided to each Head of Midwifery in April 2015. In the last 12 months, there have been 155 calls to the all Wales, 24 hour on call number. Of these, 17 (11%) have been from contacts within CTUHB, which is consistent with the volume of calls received in relation to the other Health Boards in Wales. Calls predominantly related to the need for clinical advice. Overall, calls appear to be appropriate and the majority of the SBAR contacts are shared with the Head of Midwifery and local SoM team to follow up as needed.

The telephone audit for the on call response rates conducted by the LSA Lay Reviewers in January 2015 found the following;

- Prince Charles Hospital switchboard provided the correct telephone number
- The Royal Glamorgan Hospital initially could not provide the number due to confidentiality. The call was transferred to Labour Ward who provided the correct number

The lay reviewer undertook pre-audit contacts to CTUHB and found the following;

- Prince Charles Hospital put the call through to the Midwives office in Mountain Ash. The person who answered the telephone did not provide her designation. She didn't know how to get the number and gave the labour ward number. She acknowledged she didn't think the details she had were current
- The Royal Glamorgan Hospital could not provide an extension number and the operator was apologetic but said they could not find the relevant department without an extension number

## **Revalidation**

Awareness of the requirements of revalidation was good with all midwives having an understanding of what will be required and when they would need to revalidate. The midwives understood the emphasis on portfolios and were confident in building theirs. Most midwives gave examples of how they are collecting feedback, and the SoMs had invested a great deal of time in ensuring the quality of portfolios was good.

The need to gather five pieces of feedback was known and understood by all those interviewed and midwives had considered how they would collate the feedback. Midwives were concentrating on collecting feedback from women via cards and letters received, hospital satisfaction surveys and through personalised letters which they receive from the management team whenever good

feedback is received. The lay reviewers noted that this is a positive innovation and will support the midwifery staff in fulfilling the professional responsibilities of revalidation.

The LSA Midwifery Officers met on a quarterly basis, with CTUHB HoM, and local SoM team to review compliance with the NMC standards using a quarterly scorecard. The local SoMs team held monthly meetings with the HoM to ensure clear two way communication on all aspects of the supervisory function. The LSA hold performance management meetings with SoMs from across Wales. This monthly gathering, whilst chiefly about managing the compliance with the KPIs set out in the service specification, also enables SoMs to build a cohesive team and form a supportive network. The LSA MO engagement provided an opportunity to offer additional advice and support to SoMs in relation to service matters that may be relevant to public protection, as well as allowing the LSA to oversee SoMs planning and implementing their ongoing work plans.

### **3.2 Involving service users in supervision and LSA Lay Reviewers perspective**

#### **The LSA Lay Reviewer summary of findings**

The Lay Reviewer role in audit was to establish the perspectives of women and their families who used maternity services building on the findings from the 2014/15 audit which investigated the experiences of midwives and women using supervision. The lay reviewer spoke to eight women on the ante and postnatal wards in two locations and to the chair of the Maternity Service Liaison Committee (MSLC) as well as to a number of midwives, the SoM team, senior management and the clinical director.

The chair of the MSLC contributed to the annual audit day and shared a number of innovations to help women and their families engage with supervision, notably through the use of social media. There are plans to network with other MSLC chairs and LSA Lay Reviewers to set up a maternity facebook page for service users. The MSLC chair noted that the audit day had greatly enhanced her understanding of the SoM role in Wales.

The awareness of the SoM role amongst women service users is low and none of the women service users or their families interviewed were familiar with the role. However, when the role was described to them, they were positive that the ability to access a SoM was a valuable resource. The service users were very happy with the care they had received at CTUHB.

Display boards describing the role of Supervisors of Midwives are available in all areas of maternity services and are in keeping with the All Wales format. The on-call number is correctly

given and there is a clear description of the role of the SoM. It would be beneficial to focus on the role a SoM can play with a service user and their family on these boards. The “Are we delivering?” leaflet was not available on the information boards in either of the two locations visited.

The CTUHB website does not list the all Wales on call number and contact information. The information available on the website provided telephone numbers for previous Contact SoMs who were no longer in the role. The CTUHB website page relating to supervisors of midwives is focussed on the role as it relates to midwives, rather than service users. A useful addition to the website would be the inclusion of a link to the supervision “*Are we delivering?*” leaflet to help raise awareness among service users of supervision as a resource. The website would also benefit from the inclusion of the all Wales on-call number.

The Lay Reviewer spoke with SoMs and midwives during the audit visit in regards to sharing user views on how statutory supervision had supported women in CTUHB. It would be beneficial to ensure that a SoM is available at meetings of the wider obstetric team, to ensure their role is understood, particularly as it relates to service users.

The SoM team at CTUHB have competently implemented the current model of supervision, despite challenges such as the SoMs coming from other health boards.

### **3.3 Engaging with student midwives**

The SoMs recognised that relationships and engagement with the Approved Education Institution (AEI), whose students work toward their practical competencies in CTUHB, requires improvement.

The SoMs have no formal audit trail for their contact with student midwives. They do not attend the AEI to provide support for student midwives to enable them to have access to a supervisor of midwives as required by the Midwives rules and standards (NMC 2012). SoMs should ensure that student midwives are familiar with the concept and importance of supervision in preparation for registration as a midwife. There was some evidence provided by SoMs that student midwives were offered opportunities to experience supervision in action within the clinical area, for example, through group supervision and record keeping audits, but there was not the consistency of a formal process.

One student midwife who spoke with the Audit team stated she had never heard of supervision of midwives

### 3.4 Investigation process

Seven SoM Investigations were undertaken or completed within the 12 month period from the 1st August 2014 to 1st August 2015 in CTUHB. Three of the investigations were completed in the 45 day timeframe. One of the investigations at the time of the audit had no outcome entered and the external SoM who was accountable for the investigation had stepped down from her SoM role. Other factors mentioned as reasons for the delay in timely completion of the investigation process included midwife sickness and limited administrative support for the process. It is important the Health Board has confidence in the ability of external investigating SoMs to complete investigations in a timely manner to support the lessons learnt for the midwives involved.

The SoM team in CTUHB do not review the “Datix” forms (Datix forms are the clinical incident forms completed by members of the maternity team). The process for SoM inclusion in clinical risk was via the Clinical Risk Midwife (CRM). The CRM reviews all forms received from the maternity service and has a weekly meeting with the HoM. Following this meeting the CRM will meet with the SoM team to pass on incidents identified that may involve midwifery practice issues, so that a SoM can complete a case review and follow the LSA process for investigations. The HoM gave assurance to the Audit review team that all relevant cases from the “*Datix*” reviews were passed to the SoM team on a weekly basis.

During the Audit, the review team spoke with two midwives who stated they had received little support when they were asked to provide witness statements for an ongoing investigation. This is an area for improvement for the SoM team, to ensure all midwives asked to provide information for investigations are supported from the outset.

### 3.5 Notable and Innovative Practice

#### Good Practice

- ASR process feedback was reported very good and excellent for 90% of feedback forms
- Notes audit tea party initiative
- Facilitation of Normal Labour Pathway workshop session
- SoM team support for the CTUHB’s drive for the promotion of normality and birth choices
- SoM team lead for the CTUHB’s initiative to implement a Vaginal Birth After Caesarean (VBAC) clinic at both CTUHB maternity service hospital sites
- Developing engagements with women and attendance at the Maternity Services Liaison Committee

- Support for midwives to support women who make birth choices outside of local and national evidence based guidance.

### **Areas of improvement**

- Formal engagement with AElS to develop KPI 5 and implement students meeting with a SoM at least twice a year
- Develop an action plan to achieve and maintain ASR compliance of 100%
- Clinical visibility and reiteration of named SoM with rotational changes
- Ensure LSADB used effectively to maintain and evidence KPI 6 for newly qualified and (in addition) newly employed midwives within CTUHB
- Ensure timely upload of all ItPs for every midwife employed by CTUHB
- Ensure support for all midwives involved in the investigation process
- Inclusion of the all Wales 24 hour on call telephone number to the CTUHB website
- Ensure cascade of information regarding the SoM 24 hour on call number to all relevant hospital switchboards and among maternity team members.

In summary the annual audit of supervision in Cwm Taf University Health Board has reached the following conclusions:

**5 standards MET**

**1 Standard REQUIRES IMPROVEMENT**

**1 standard NOT MET**

## **4 Conclusion**

The LSA is grateful to all SoMs both past and present for their input and commitment to the delivery of statutory supervision and the contribution SoMs make to supporting midwives to support women. We believe the revised model of supervision in Wales, provided by a team of SoMs whose only role is supervision can only be for the better. Since the implementation of the new model there are improved outcomes in the completion of investigations and increased compliance with the ASR process. Positive feedback has been received from midwives regarding the new model for supervision, particularly group supervision for the ASR, which is welcome due to the fact that there was a degree of negativity from some about how successful the project would be.

The SoM team in CTUHB at the time of transition to the current model had two external and one internal SoM appointed. This provided both a challenge and an opportunity for the SoMs and the

Health Board in the provision of statutory supervision. The model enabled shared learning across Health Boards while the relationships between SoMs and midwives were grown and developed to create a strong supportive culture.

It is testament to two of the SoMs that they have achieved promotion within the Health Board demonstrating the value the management team have placed on their expertise and organisational skills. The action plans developed from this audit will be carried out by the new SoM team who will be in post from November 2015.

The Som team were instrumental in the development of a VBAC clinic across the Health Board, supporting women to achieve a vaginal birth following a caesarean section. The normality agenda within the Health Board has been supported and advanced through supervision.

Without doubt the biggest challenge to the provision of statutory supervision across the UK will be to sustain the momentum and commitment to the role whilst the NMC legislative change takes effect. The LSA in Wales believes it is in a stronger position although we are not complacent, recognising that we will need to work hard at keeping SoMs within the role as alternate opportunities arise. However, we are confident we have a high calibre team who joined the model because they wanted to make a difference for women and families who use the maternity services in Wales, but also for midwifery colleagues who may be facing significant reconfiguration in the coming months.

Over the next twelve months, the LSA has committed to work closely with HoMs and workplace representatives in every Health Board across Wales, to align the SoM investigation process, where possible, with Health Board investigation process. This will support effective fair and timely investigations that ensure public safety and robust restoration of midwifery practice where issues are identified. This direction of travel is a step forward to share the skills and expertise from the SoM investigation process. Another key priority will also be a robust information governance process for the safe storage of SoM records, particularly the investigation process which is required to be archived for 25 years

We look forward to working with the current team of SoMs to further demonstrate that supervision is a valuable resource for the midwifery profession. The audit findings and key elements of the model will be used to develop the future model of supervision outside regulatory legislation which will focus on support, development and leadership dimensions of the supervisory role.



## Appendix A

### Appendix A

#### Healthcare Inspectorate Wales LSA

#### Programme for Annual Audit of Standards for Supervision of Midwives at CTUHB

**Date:** 20<sup>th</sup> - 21<sup>st</sup> October 2015

**Location:** Day One-Prince Charles Hospital

Day two-Training Department, and clinical areas, Royal Glamorgan Hospital

#### LSA Review Team :

Sue Jose, Local Supervisory Authority Midwifery Officer (LSA MO).

Jo Lavery, Supervisor of Midwives (SoM).

Kim Ashton Supervisor of Midwives

Louise Woolley, Lay reviewer

Natasha Thomas, Supervisor of Midwives

| Day 1 |       |   |
|-------|-------|---|
| No.   | Time  | Activity  |
| 1     | 09.15 | <b>Arrival &amp; Coffee</b>   |
| 2     | 09:30 | <p>Introduction from the LSA review team</p> <p>LSA MO presentation to set out the purpose of the 15-16 audit process of supervision and the future direction of supervision set out by the NMC</p> <p>Director of Nursing<br/>Head of Midwifery and Senior Midwives<br/>Clinical Director<br/>Health Board and Maternity Governance / Risk leads<br/>Lead Midwife for Education<br/>MSLC Chair<br/>CHC link for maternity services<br/>Work Place representatives<br/>SoMs in waiting and PoSoMs</p> |

|              |       |  |
|--------------|-------|--|
| <b>3</b>     | 10:00 | 15 minute overview presentation and storyboard from local SoMs to include:<br><br><ol style="list-style-type: none"> <li>1. Summary of progress in delivering KPIs for 2015-2016</li> <li>2. Examples of Good Practice and achievements of local SoM team</li> <li>3. Examples of learning the lessons / closing the loop from supervision investigations</li> <li>4. Benchmark against lessons learnt from Guernsey and Kirkup</li> </ol><br>15 min Questions and Answers |
| <b>4</b>     | 10:30 | <b>Break</b>   |
| <b>5</b>     | 10.45 | Review team 30 minute meetings with<br><br><ul style="list-style-type: none"> <li>• Director of Nursing – Lynda Williams</li> <li>• Head of Midwifery- Rachel Fielding</li> <li>• Senior Midwives- Ruth Friel, Sharon</li> <li>• Clinical Director-</li> <li>• Health Board and Maternity Governance / Risk leads-</li> <li>• Lead Midwife for Education-</li> </ul>   |
|              | 12:45 | <b>Lunch</b>   |
|              | 13:15 | Review team 30 minute meetings with<br><ul style="list-style-type: none"> <li>• MSLC Chair and CHC link for maternity services</li> <li>• Work Place representatives</li> </ul>  |
|              | 14:15 | Review of Q2 scorecard with Head of Midwifery and local SoM team   |
|              | 14:45 | Tour of unit to verify evidence within the clinical environment and meet with service users, midwives and student midwives   |
| <b>Day 2</b> |       |  |
|              | 09.15 | Welcome and coffee   |
|              | 09.30 | Tour of unit to verify evidence within the clinical environment within RGH and meet with service users.  |
|              | 10:30 | Review team 30 minute meetings with Student Midwives   |
|              | 11:00 | Review team 30 minute meetings with Midwives   |
|              | 11.30 | Group supervision session.   |
|              | 12:30 | LSA Review team to summarise findings and draft information for report   |
|              | 14:00 | Feedback to HoM and SoMs with overview of day and next steps   |



amddiffyn y cyhoedd  
trwy oruchwyliaeth  
statudol o fydwragedd



protecting the public  
through statutory  
supervision of midwives

ag|c Arolygiaeth  
Gofal Iechyd  
Cymru  
Healthcare  
Inspectorate  
Wales hiw

## **Appendix B**

### **List of Participants in the Annual Audit process – CTUHB**

**Director of Nursing** - Lynda Williams

**Head of Midwifery** - Rachel Fielding

**Senior Midwifery Manager** - Ruth Friel,

**Risk / Governance Midwife** - Myfanwy Ellis

**Clinical Director** – Jonathan Pembridge

**Members of the SoM team** – Dawn Davies and Zoe Ashman

**Met by the LSA Team**

**Midwives within Clinical areas**

**Student Midwives within the Clinical area**

### **Apologies:**

Day 2 SoM Dawn Davies