Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

amddiffyn y cyhoedd trwy oruchwyliaeth statudol o fydwragedd

protecting the public through statutory supervision of midwives

Annual LSA Audit Report 2015-2016

Cardiff & Vale University Health Board

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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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 (HB) 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 4th 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 Cardiff & Vale University Health Board (C&VUHB) 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 C&VUHB 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.

Whist the LSA reported compliance with all NMC standards in the 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**.

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 Cardiff and Vale University Health Board took place on Wednesday 4th November 2015 as planned. Key personnel were invited to attend as well as the Health Board supervisory team (**Appendix A – Programme**). The LSA MO will undertake a quarterly Pyramid audit in Q3 as part of the annual audit cycle. Individual feedback reports were provided to the Director of Nursing and senior midwife 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 Julie Hurford from Betsi Cadwaladr University Health Board, SoM Rebecca Lewis from Abertawe Bro Morgannwg University Health Board and LSA Lay Reviewer Louise Wolley.

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 C&VUHB supervisory activities as well as 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, senior midwife, risk midwife, concerns midwife, consultant midwives, 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** ***Met, Not Met, Requires Improvement***
Rule 4: Notification of Intention to Practice	Accurate information and ItPs are submitted on an annual basis or for new employees before midwives commence practice Accurate LSA database records are completed for midwives leaving the organisation	**Met** – there was evidence of monthly returns for ItP submission for new starters and completion of midwives leaving the organisation
Rule 6: Retention of Records	Midwives comply with systems designed to accurately and securely store clinical records for 25 years	**MET-**there was evidence in the clinical areas that there was a process for clinical records to be securely stored for 25 years The SoM team are aware of the process for transfer of independent midwife records
Rule 8: Supervisor of Midwives	Student SoMs are adequately recruited and supported following successful completion of the preparation of SoM programme	**Met-** two student SoMs had been supported following completion of the preparation programme with a preceptorship plan in place to support development as a newly appointed SoM. A selection process had recently been undertaken for the Autumn programme in line with UKLSAMO national guidance
Rule 9: Adequate resources within recommended ratio	SoM ratios remain within recommended ratio of 1 SoM to 15 midwives SoMs have adequate resources to support them in their role	**Met-** there are adequate resources to meet the recommended ratio of 1 SoM to 15 midwives. The SoMs are well supported to work across all areas within the Health Board. The SoMs interviewed during audit expressed concern that they worked 0.6WTE below recommended ratio for a period of time prior to the audit while supporting PoSoMs in preceptor role New SoMs do not yet have access to Welsh government I.T. systems

Rule 9: ASR compliance	Annual Supervisory Review is undertaken for each midwife to evidence how a midwife has met the NMC requirements to maintain their midwifery registration	**Met-** there was 100% compliance with the ASR process at the time of the audit visit.
Rule 10: SoM investigation process	SoMs undertake supervisory investigations in an open, fair and timely manner SoMs support midwives to complete relevant recommendations for reflection, local action plans or LSA practice programmes	**Met-** overall, SoM investigations were undertaken in an open, fair and timely manner with local SoM support to complete relevant recommendations. The LSA will continue to monitor the timeliness of investigations

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[1] 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 31st 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. For C&VUHB there were 271 midwives and 2.2 wte SoMs, giving an adjusted ratio of 1:11.

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

On the implementation of the model, three SoMs were appointed making up 2.2 wte for the C&VUHB SoM team. Since August 2014 three rotations have taken place within the team. One SoM commenced a secondment to the vacant LSA MO role and the replacement SoM was appointed from Cwm Taf University Health Board.

The audit team were informed during the visit that the SoM team had been undertaking their role while 0.6 wte down since the step down of a SoM in September 2015. In order to support the SoM team during this period, C&VUHB released the SoM students from their substantive roles to act in a preceptor role. The student SoMs have now completed the programme and are NMC appointed SoMs from November 2015.

The LSA has run a selection process for the final PoSoM programme commencing in autumn 2015 and there were 2 applicants for C&VUHB. One of the applicants is being supported to undertake the programme. There are also two SoMs in waiting who are available to rotate into

[1] NMC Midwives rules and standards (2012)

the role should they be required. Overall this will ensure sufficient SoM resources for a rotational plan until March 2017 whilst awaiting direction from the NMC in regards to a timeframe for the changes in the provision for statutory supervision.

3.1.2 Mechanisms for continuous access to a supervisor of midwives

Rule 9[2] 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 supervisory review (ASR). During 14-15, the average rate of compliance with the ASR meetings was 98% across the audit year. The current ASR compliance at the time of audit was 100%.

Approximately half of the midwives interviewed had completed their Annual Supervisory Review in a group supervision session and those who had attended group supervision were enthusiastic about the sessions. Midwives appreciated having a range of midwives from different teams and environments as part of the process. One comment received from a midwife to the audit team was for group supervision facilitators to be sensitive to the needs of all attendees as some of the issues discussed could prove difficult for individuals. The facilitator should have the skills to intervene if she becomes aware a midwife is uncomfortable; this will ensure all midwives benefit equally from the group context.

The majority of midwives cited benefits of the group supervision model above the previous one to one model; particular benefits were the ability to learn from one another, gain examples of best practice, and feel supported in their role. The SoMs gave examples to the audit team of issues which have been addressed through group supervision and led to enhanced public protection. Group supervision has also been utilised to ensure that all colleagues learn appropriately from clinical incidents. All interviewees reported that the SoMs are visible and accessible and that the current model of supervision in Wales has facilitated this.

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. In the last 12 months, there have been 155 calls to the all Wales 24 hour on call number; of these 47 calls have been contacts from C&VUHB. The majority of calls logged were for clinical advice and support for women/service users (twenty). Six of the logged calls were to provide general maternity service information, where the calls were directed appropriately. The remainder of the calls were for professional advice

or incident reporting. The SBAR contacts are shared with the Head of Midwifery and local SoM team to follow up as needed.

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

- The University Hospital of Wales switchboard provided a local number and the caller was informed this was the number for the SoM
- A GP surgery in the Vale of Glamorgan did not know about SoMs and could not provide a contact number.

The LSA Lay reviewer completed a pre-audit telephone contact with the UHW switchboard to request the Supervisor on Call contact details. The switchboard transferred the call to the Midwifery led unit (MLU) where following a short delay the midwife provided the correct telephone number and explained this was a national number and checked this was what was required.

C&VUHB provides the all Wales on call telephone number on their maternity service web page. It is also possible to follow a link to the LSA, Healthcare Inspectorate Wales website and LSA UK forum website for further information for service users and midwives.

The LSA Midwifery Officers met on a quarterly basis, with C&VUHB HoM, and local SoM team to review compliance with the NMC standards using a quarterly scorecard. The local SoM 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

Lay Reviewer Summary

The Lay Reviewer role in this audit was to look at the perspectives of women and their families who used the maternity services. This builds on the findings from the 2014-15 audit which investigated the experiences of midwives and women using supervision. The lay reviewer spoke to six women on the postnatal wards in UHW and to six midwives and the SoM team. The Lay

[2] Rule 9 of the NMC Midwives rules and standards (2012) sets out the requirement for supervisor of midwives.

Reviewer had also had opportunity to speak to two pregnant women in the community who had resolved difficulties relating to their birth choices.

The accessibility of supervisors of midwives to women is good. The Cardiff and Vale website page relating to supervisors of midwives is focussed on information appropriate to a service user and provides the correct on-call number. The awareness of the SoM role amongst women service users interviewed in the hospital was lower and none of the women interviewed were familiar with the role. After the SoM role was explained to them, they felt that this was a valuable resource for women. The service users were very pleased about the standard of care they had received at UHW.

Evidence was found in the community from one service user who had felt that her birth choice had not initially been facilitated, but that subsequently after consultation with a consultant midwife, she had had a plan put in place to be able to birth in MLU, as requested. A further service user had contacted a SoM following a previous traumatic birth, and the conversation with the SoM reassured her about her upcoming labour. These were both felt to support the positive effect that the SoM function is having on women's experiences of pregnancy and birth.

Supervision was very well described in antenatal clinic and postnatal wards, with prominent reference to the all-Wales SoM telephone number. The Lay Reviewer was also able to speak with Midwives and SoMs to confirm from an outside perspective the findings of the review team. Supervisors of midwives' boards are publicly available in all areas of the maternity services and are consistent with the All Wales format. The on-call number is correctly given and there is a clear and helpful description of the role of Supervisors of Midwives. The "Are we delivering" leaflet was available on some boards. Making this leaflet more widely available and a link to it from the Cardiff and Vale website page would help raise public awareness of supervision.

Revalidation requirements were a strong focus with all midwives having an understanding of what will be required and when they would need to revalidate. The Midwives understood the nature of portfolios and felt able to produce one. Most midwives gave good examples of how they are assimilating and finding feedback and reflecting on events and the SoM team identified that the quality of portfolios is improving.

All those interviewed knew that they needed to gather five pieces of feedback, and the midwives had considered how they would obtain this. Midwives showed a useful understanding that this feedback can also be obtained from complaints. The SoM team have worked hard to ensure that complaints are seen as a 'gift' and are useful and instrumental to change and better practice and to welcome this. The lay reviewer felt that this is a positive innovation and will support the midwifery staff in fulfilling their professional responsibilities.

There was evidence of the provision of a robust, supportive and innovative service to support women and Midwives.

C&VUHB has an active Maternity Service Liaison Committee (MSLC). Unfortunately the MSLC chairperson was unavailable to attend the audit day. The audit team were informed the SoM team attend the MSLC meetings to highlight relevant issues in regard to supervision.

3.3 Engaging with student midwives

The SoM team provided evidence of an effective working relationship with Cardiff University. The audit team met with a representative from Cardiff University and the practice development midwife for C&VUHB who confirmed close and well established links with the SoM team. The student midwives have timetabled sessions in the University with the SoM team in order to embed the concept and importance of supervision in preparation for registration as a midwife.

It was identified by the University that following the step down of the identifiable contact SoM, a new SoM needs to step into the contact role to continue the current successful arrangements. The audit team were informed the LSA were involved in the University curriculum development with SoM representation on the curriculum planning meetings.

Student midwives are invited and attend group supervision sessions and record keeping tea parties with their clinical mentors to further enhance their knowledge of statutory supervision supporting practice

3.4 Investigation process

Within the twelve month period from the 1st August 2014 to 1st August 2015, six SoM Investigations were commenced and completed. Of the six investigations completed three were not undertaken within the set standard for completion of 45 days. The LSA database contains annotations of the reasons why investigations were not completed within 45 days setting a clear audit trail. C&VUHB would recommend that the LSA improve the timeliness of investigations to meet the required standard, to enable the restoration of midwives in practice and share lessons learned as identified with the HB.

Four LSA practice programmes were successfully supported by the local SoM team including one external programme. The SoM team have also evidenced, through the LSA database, support for local restoration as required. The audit team spoke with one interviewee who spoke highly of the SoM who had supported her through a LSA practice programme, and was positive regarding the learning she had achieved.

Shortly prior to the audit, one midwife made contact with the LSA MO to ask when she might receive feedback from an investigation. The midwife was keen to complete her restorative

learning, but was unclear on the focus of this learning. It is vital that midwives remain fully informed on all aspects of the process to feel supported by the SoM team in the Health Board.

The audit team were informed that supervision can be viewed in a negative light and a suggestion was made to consider how to change the perception to be more supportive and restorative.

The SoM team are visible at the relevant clinical governance meetings and have excellent communication between the C&VUHB risk midwife and senior midwives. It was reported to the audit team that in order to streamline the process for case reviews it would be advantageous for SoMs to have direct access to the "Datix" forms (the system for reporting clinical incidents), which would support the governance/risk leads.

3.3 Notable and Innovative Practice

Good Practice

- Innovations led by the SoM team were acknowledged by midwives in the clinical area
- Worked on a project to streamline care for women receiving elective caesarean sections to improve quality and safety and patients experience
- good feedback of midwives experience of group supervision
- provision of revalidation sessions to prepare midwives for transition from PREP including full contribution to triennial review document T&F group
- New record keeping audit tool developed by SoM team
- Activities undertaken/supported by SoM team to demonstrate *"lessons learned"* from cases include: Induction of labour working group, medicines management, SBAR and transfer document
- Contribution at all relevant health board groups e.g. quality and safety, transfer meetings, policy and guideline group
- Effective engagement with student midwives and Cardiff University team
- Effective engagement with newly qualified midwives
- Record keeping tea parties well attended
- Maintenance of spreadsheet to support effective communication between members of the SoM team to provide continuity of support for midwives completing restoration work

Areas for Improvement

- Identify a link SoM for Cardiff University to maintain current good practice
- Monitor attendees who may display signs of discomfort or disengagement at group supervision and offer support on 1:1 basis

- Ensure all midwives undergoing a practice restoration programme are prioritised for support from the SoM team within the HB
- Continue to advertise the positive, supportive aspects of midwifery supervision in restoring midwives to practice
- C&VUHB to consider allowing the SoM team to have access to the “Datix” system to have direct access to incidents to assess if midwifery practice falls below the expected standard
- Continue to develop close links with C&VUHB investigation process where appropriate. This will support midwives and prevent duplication of process

In summary the annual audit of supervision in C&VUHB has demonstrated that all NMC standards are **“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, increased compliance with the ASR process and received positive feedback from midwives despite the fact that there was a degree of negativity from some about how successful the project would be.

The annual audit process is testament to C&VUHB achievements in year. The audit team were assured of the excellent professional relationships between the management team and the SoMs at C&VUHB and it this enables there to be clarity around the SoM role, enabling them to fulfil their role in line with the midwives rules and standards. The SoM team were consistently described as highly visible, accessible and approachable. The SoM team are clearly working in collaboration with all relevant stakeholders and making excellent contributions to the all Wales agenda. There are a number of areas of notable practice that the audit team have highlighted in the report that demonstrate the high standard of the SoM team's practice including: contribution to key working groups, visibility throughout the unit at relevant governance forums. The praise for the SoM team from the University, the senior maternity team and midwives regarding their effectiveness is notable, as is their achievement in KPI 5 and 6 (support for student midwives and newly qualified midwives). The preparation of midwives for revalidation is assured with the focus on the quality of portfolios and the provision of information sessions for all midwives to attend.

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

amddiffyn y cyhoedd trwy oruchwyliaeth statudol o fydwragedd — protecting the public through statutory supervision of midwives

Arolygiaeth Gofal Iechyd Cymru — Healthcare Inspectorate Wales

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives Cardiff and Vale University Health Board

Date: **Wednesday 4th November 2015**
Location: **Large meetings room, University Hospital of Wales (UHW)**

Review team: Sue Jose LSAMO, Julie Hurford experienced SoM (BCUHB), Rebecca Lewis SoM (ABMUHB), Louise Woolley Lay Reviewer.

		Day 1
No.	**Time**	**Activity**
1	09.30 am	**Arrival & Coffee** **Review team B and HB team** Invited Director of Nursing – Ruth Walker Senior Midwife – Sarah Spencer Clinical Director – Anthony Griffiths Health Board and Maternity Governance / Risk lead- Fliss Callan Concerns Lead – Lois Mortimer Lead Midwife for Education representative-Lucy Warren MSLC Chair-apologies CHC link for maternity services-Val Evans Work Place representatives-apologies SoMs in waiting and PoSoMs
	0930	Review team A meet with **Director of Nursing**
2	1000	15 minute overview presentation and storyboard from local SoMs to include: 1. Summary of progress in delivering KPIs for 2015-2016 2. Examples of Good Practice and achievements of local SoM team 3. Examples of learning the lessons / closing the loop from supervision investigations 4. Benchmark against lessons learnt from Guernsey and Kirkup 15 min Questions and Answers

3	10.30 am (30 mins)	Introduction from the LSA review team 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
4	11.00 am (15 mins)	**Break**
5	11.15 am (30 mins)	Review team A meet with **LME representative and practice development midwife** Review team B meet with **MSLC chair and CHC Link for maternity service**
6	11.45 30 Mins	Review team B meet with **SoM team**
7	12.15 pm (30 mins)	Review team A meet with **Risk midwife & Complaints Coordinator** Review team B: **SoMs in Waiting PoSoMs**
	12.45 pm (30 mins)	**Lunch**
8	13.15 (60 mins)	Review team A: **Meet with workplace representative** Review team A: **Meet with Clinical director**
8	13.15 (60 mins)	Review team B: Unit Tour Lay reviewer lead Clinical to verify evidence within the clinical environment Engagement with Student midwives, Community Midwives, Midwives
9	14.15 (30 mins)	Review team A meet with **senior midwife** Review team B meet with **SoMs feedback session**
10	14.45 (30 mins)	LSA review teams to summarise findings and draft information for report
	16.15	Feedback to HoM and SoMs with overview of day and next steps

Review team A: Sue Jose LSAMO, Rebecca Lewis Newly Qualified SoM

Review team B: Julie Hurford Experienced SoM, Louise Woolley Lay Reviewer

Appendix B

List of Participants in the Annual Audit process – Cardiff and Vale University Health Board

Director of Nursing – Ruth Walker

Senior Midwifery Manager- Sarah Spencer

Consultant Midwives – Karen Jewell, Abi Holmes

Lead Midwife, Delivery Suite - Ruth Guy

Directorate Manager – Rachel Burton

Clinical Director – Mr Anthony Griffiths

Lead Midwife for Education (LME) representative – Lucy Warren

Risk / Governance Midwife- Fliss Callan

Lead Midwife Patient Concerns – Lois Mortimer

Practice Development Midwife – Jane Grey

Community Health Council (CHC) representative – Val Evans

Members of the SoM team – Lindsey Hilldrup, Kim Ashton, Alison Jones, Angharad Oyler, Louise Protheroe-Davies (PoSoM)

<u>Met by the LSA Team</u>

Midwives within the clinical areas – including workplace representatives

Student Midwives

<u>Apologies:</u>

Head of Midwifery – Suzanne Hardacre

LME – Grace Thomas

MSLC Chair - Leah Morantz