



DRIVING  
IMPROVEMENT  
THROUGH  
INDEPENDENT AND  
OBJECTIVE REVIEW

amdiffyn y cyhoedd  
trwy oruchwyliaeth  
statudol o fydwagedd



protecting the public  
through statutory  
supervision of midwives

# Betsi Cadwaladr University (BCU) Health Board

## Annual LSA Audit

2012-  
2013

August 2013

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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. In Wales, the function of the LSA is delegated to Healthcare Inspectorate Wales by 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 purpose of the annual audit is to assess the performance of Supervisors of Midwives (SoMs) in delivering the function of supervising of midwives in each Local Health Board (LHB) against the NMC standards for the supervision of midwives and make suggestions for further development and continuous improvement.

## 1.3 Overview

In this reporting year the LSA revised the process for auditing maternity services devised in 2011-2012 to be more proportionate and focused on nine specific standards across Wales where it was previously demonstrated there is a need for ongoing development. This current audit showed that 44% of the criteria for the nine standards were met with strong to moderate evidence and recommendations are made for further development. The remaining 55% (5) were met with moderate or weak evidence and development actions have been recommended to strengthen the supervisory function.

Recommendations are given against areas where development is required within the audit tool to support the SoMs in Betsi Cadwaladr University (BCU) Health Board to develop standards where evidence was less robust and or would benefit from continued development in accordance with the aims of the ongoing audit process. The LSA has been clear from the outset that the revised audit processes are not intended to be critical but rather they aim to support continuous development by attracting appropriate resources and training as required.

This report will be published on the Healthcare Inspectorate Wales 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 a common set of 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 (LSAMO) will undertake audits of maternity services within their area.
- 2.2 The process for the audit of the LSA standards takes a self/peer review approach against all NMC standards followed by an audit visit from the LSA team to verify evidence submitted against the nine priority standards. The review team consisted of the named LSA MO, a LSA Lay Reviewer, an experienced SoM from a neighbouring Health Board and a student SoM. 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 for the first time this year ensured the user perspective was sought throughout the audit process rather than the lay reviewers conducting a separate and unrelated audit function, as previously, which was welcomed at all levels.
- 2.3 The audit visit for BCU Health Board, took place on 15/04/2013. The audit date was rescheduled from the initial planned date on 05/02/13 as the LSA Midwifery Officer was on long term sick leave. Key personnel were invited to attend as well as the BCU supervisory team (**Appendix A Programme**). It was unfortunate that some key personnel and a number of SoMs were either not available to attend or advised that they were not required to attend. Key personnel who were not able to attend included the corporate risk manager and MSLC representation. It was disappointing that a limited number of SoMs contributed to the audit visit when this has been a key recommendation within the 2011-12 report that an increased number of SoMs should participate in the 2012-13 audit process. The SoMs in attendance were mainly from the East location of BCU which made it challenging for the review team to verify that evidence is consistent across the Health Board and measure against the NMC standards.
- 2.4 The audit was conducted by Julie Richards, LSAMO who was supported by Sam Howells, LSA Lay Reviewer, Diane Taylor an experienced SoM from Cardiff and Vale Health Board and Student SoM Nikki Lacey from Cardiff & Vale Health Board.
- 2.5 The audit visit began with a brief presentation by Julie Richards on the purpose of the

audit and the LSA plans for the way forward to link the audit recommendations to an action plan as part of the LHB Annual Report. This session was followed by the SoMs PowerPoint presentation which gave an overview of BCU Health Board and supervisory activities as well as the achievements of the SoMs in terms of good practice. In addition, the audit visit gave an opportunity to meet with the acting Nurse Director, Head of Midwifery, Clinical Director, SoMs, midwives, and take comments from service users (**Appendix B – list of participants**)

### **3 Audit Findings**

- 3.1** The purpose of the annual LSA audit is to review the evidence demonstrating that the Nursing & Midwifery Council (NMC) Standards for Supervision are being met; ensure that there are relevant systems and processes in place to enhance the safety of mothers and babies; ensure that midwifery practice is supported by evidence-based policies and procedures, and that practitioners are supported by SoMs to maintain clinical competence; identify that midwives communicate effectively within the multidisciplinary team and to review the impact of supervision on midwifery practice. The LSA MOs make their assessment from the information provided to them by the SoMs in BCU Health Board and from meeting with the Acting Director of Nursing, Head of Midwifery, Clinical Director, SoMs, midwives and service users during the audit visit.
- 3.2** The audit visit unfortunately lacked the attendance of a number of SoMs who could validate the progress with the standards for supervision, especially the interface with clinical governance, team working and communication channels. After the presentation session it was difficult to gather consistent evidence with SoMs as the evidence file presented to support the visit was limited, especially for standards V11, V12 and V13. Further evidence was submitted to the LSA upon request following the visit.
- 3.3** The LSA MO has had opportunity to work with the SoM team throughout the year and has observed some good individual work across the three sites in BCU health board. However, there remains work to be done in forming a cohesive supervisory team that works consistently to share best practice across BCU Health Board, and evidence the value and effectiveness of supervision. It is recognised that there has been three changes with the Contact SoM role in the last 12 months and there continues to be anecdotal reports of ongoing challenges to SoM time to deliver core SoM activities. The LSA has only received 3 exception reports in regards to SoMs being unable to take protected time. There is also a concern that attendance at monthly SoM meetings is below 75% which is not supporting BCU team to develop as a cohesive team of SoMs, particularly in their contribution to the wider governance agenda. There continues to be

some confusion between the SoM role and its 'fit' with the individual's substantive role which has, on occasions led to potential or perceived conflict of interest and competing roles between management and supervision.

### **3.4 Positive elements and examples of good practice identified during the review included:**

- BCU SoMs have been proactive in devising an operational plan through an Away day held in December 2012. SoMs have divided into work streams to lead on specific elements of the operational plan for 2013-14. The SoM team are planning leadership and development days with the organisational workforce and education team to enable a cohesive team to deliver the priorities within the operational plan.
- The SoM team have developed a team charter to market and raise the profile of supervision at a number of levels within the Health Board. The charter sets out the SoMs team's responsibilities and objectives with emphasis on their ability to lead change by being effective communicators and being visible as SoMs to both women and midwives. SoMs plan to feature the charter as a "pop up" board to display in a number of settings such as antenatal clinics and at learning events to raise the profile of supervision.
- An audit of midwives and experiences of supervision has indentified a number of suggestions to improve supervision in BCU which the SoM team should consider within their action plan. These actions would further develop supervision as visible and positive with suggestions such as 3 monthly group supervision, completing SoM investigations in a timely manner and awareness of SoMs availability.

### **3.5 Challenges**

- The ratio of midwives to SoMs remains above 1:15 with an ongoing action plan to ensure effective supervision. Despite SoM road shows for talent spotting and support for midwives in nomination process for the programme, there is an ongoing challenge to recruitment and retention of a high calibre of SoMs. The interim partnership arrangement is ongoing with Powys SoMs with some supervisees receiving supervision from a Powys SoM.
- Like most SoM teams there are particular challenges in balancing the needs of a substantive post with those of being a SoM. This means that investigations, report writing and application of sanctions is often unduly delayed.
- There are currently no SoM teams in Wales that are fully compliant with the Annual

Supervisory Review process ensuring all midwives have had an annual review in the previous 12 months. At quarterly monitoring meetings, a number of annual reviews have been identified as outstanding and this reflects badly on the overall SoM team performance.

- BCU SoMs identified in their audit presentation the ongoing pressures of time commitment to fulfil the role of supervision. This may account for a number of annual reviews that are not recorded on the LSA database as being completed in the last 12 months. Some SoMs have used the exception reporting tool to highlight to the LSA and HoM the significant impact on meeting the standards of supervision arising from a lack of protected time but this is not completed consistently by all SoMs facing this challenge.
- BCU SoMs should continue the focus on developing greater cohesion across the supervisory team Health Board wide and seek opportunities to share expertise and knowledge across the organisation. Attendance at monthly meetings needs continuous monitoring to ensure that all SoMs attend 75% of the meetings throughout the year in order that they have ownership and delivery of the supervisory agenda.
- The difficult financial climate makes it challenging to support all SoMs to experience adequate exposure to every aspect of the role which is evidenced by the submission of the annual supervision competency tool to the LSA.

### **3.6 Recommendations to met NMC standards**

Recommendations to support the BCU SoM team in taking forward improvements to the supervisory function have been identified under each of the NMC standards that were subject to audit within the audit tool that follows. The SoMs submitted their self assessment prior to the LSA audit visit and were required to identify any improvement actions they felt were needed to strengthen their evidence against the measures described by the LSA to indicate strong, moderate or weak evidence. The purpose of this revised process was to enable SoMs to identify their own improvement actions for the coming year and give them ownership of future development. In general the action planning section of the audit tool was not developed from the previous year where action planning was variable in demonstrating SMART actions that would contribute to continuous improvement. The SoMs had recently devised a supervision operational plan during their away day but it was not completed showing achievements and progress. However this is a good foundation for the coming year and should include development actions identified from the LSA audit visit.

**3.7** Details underpinning the recommendations are outlined in section 4 under LSA commentary and recommendations in the audit tool. BCU SoMs have nine standards where further development would be beneficial. The LSA MOs will work with their teams to support the preparation of an operational plan for the coming year that will address the development of these standards and meet the team competency requirements.

4 Betsi Cadwaladr Local Health Board Self Assessment Tool and LSA MO Feedback on Recommended Action

Nos	Criteria for Measurement	Evidence Presented by LHB			LHB planned Improvement Action
V1	<b>Midwives' views and experiences of statutory supervision are sought.</b>	BCU SoMs have undertaken a questionnaire in January 2013 for all midwives to share their views and experiences for BCU SoM.			
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>	
V1	<p><b>Result:</b></p> <p><b>LSA – Met with moderate evidence with recommendations made to strengthen meeting NMC standards.</b></p>	<p><b>An audit of more than 20% of midwives' views.</b></p> <p><b>20 midwives + describe supervision as visible and positive.</b></p> <p><b>95 to 100% SoMs have obtained 10 reviews which reflect an overall positive outlook for supervision.</b></p>	<p><b>At least 10% of midwives' views.</b></p> <p><b>10 midwives + describe supervision as visible and positive.</b></p> <p><b>90 – 95% SoMs have obtained 10 reviews which reflect supervision in a mainly positive light.</b></p>	<p><b>0 audits</b></p> <p><b>Less than 10 describe supervision as visible and positive or describe it as negative.</b></p> <p><b>Less than 90% SoMs have obtained 10 reviews and/or supervision is seen in a negative light.</b></p>	
<b>LSA commentary</b>					
<p>A Questionnaire was devised by a small working party of SoMs from the Away day in Dec 12. The questionnaire was sent out to all midwives in January 13 with 65 responses so far. There were 390 supervisees for 2012-13 listed on the LSA database for BCU which calculates a response rate of 16.6 = 17%. However there have been a number of additional responses which were submitted after the audit which will be included in the final report. This will provide an audit above 20% of midwives views.</p>					
<p>Whilst the questionnaire has a low response rate, there are valuable suggestions to improve supervision in BCU which the SoM team should consider within their action plan that would further develop supervision as visible and positive. These include a 3 monthly group supervision, completing SoM investigations in a timely manner and awareness of SoMs availability.</p>					
<p>The SoM team identified that SoMs are also gathering views and experiences of supervision through the mandatory training sessions but have not formalised a methodology to capture / record / discuss and action these experiences</p>					
<b>Recommendations to support continued development</b>					
<p>The LSA review team provided guidance during the review of evidence on how the questionnaire findings need to be developed into a finalised audit report. From the initial information shared as part of the evidence file, there are some key messages and areas for consideration for SoMs to develop into a final report with an action plan to address these to be presented to relevant committees and fed back to midwives.</p>					

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V2	<b>Confidential supervisory activities are undertaken in a room that ensures privacy.</b>	BCU SoMs have access to private facilities in the directorate offices which are available for all SoM activities. Although there is not a specific designated office the use of a number of other offices can be booked as “hot desks”. IT access enables access to LSA database during SoM activities.		
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
V2  <b>LSA – This standard was not assessed and recommendations from previous year still applies</b>	<p><b>LSAMO shown a dedicated room where supervisory interviews take place.</b></p> <p><b>There is internet access in the dedicated room to work online and access the LSA database.</b></p> <p><b>20% + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</b></p>	<p><b>In the main there is a dedicated room or LSAMO can be shown where rooms are made available.</b></p> <p><b>There is no regular access to internet.</b></p> <p><b>10 + midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</b></p>	<p><b>No rooms can be identified or it appears ad hoc.</b></p> <p><b>No internet access.</b></p> <p><b>Less than 10 midwives reflect privacy is given appropriate attention in their annual review/SoM discussions.</b></p>	
<p><b>LSA commentary</b></p> <p>In the audit of midwives views and experiences of supervision, 97% of midwives reported their annual review took place in a room which ensured privacy</p>				
<p><b>Recommendations to support continued development from 11-12</b></p> <p>BCU SoMs need to consider further audit of midwives views on supervision to obtain a wider sample of views more representative of the LHB midwifery workforce to ensure that 20% + midwives reflect their annual review is valued and is undertaken with the appropriate attention to a private and confidential setting.</p>				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V3	<b>SoMs participate in developing policies and evidence-based guidelines for clinical practice.</b>	A SoM is a member of the Written Control Document process group Written controlled documents have SOM involvement by virtue of the author or one of the consultation group being a SOM.		
Measures				
<b>Result:</b>  <b>LSA - MET with strong / moderate evidence.</b> <b>Recommendations made for development.</b>		<b>Strong</b>  <b>A clear process that sets out how SoMs are involved in the guideline development group.</b>  <b>Actual guidelines with SoMs named on the guideline as a developer</b>	<b>Moderate</b>  <b>There is some evidence that SoMs are involved in guideline development even if this is not a formal process.</b>  <b>Actual guidelines with SoMs named as having been consulted</b>	<b>Weak</b>  <b>There is no evidence that makes reference to SoMs developing or signing off guidelines.</b>
<b>LSA commentary</b>  <p>During the audit visit, evidence was presented which sets out a clear process on how SoMs are involved with draft policies and guidelines for review. Policies and guidelines are circulated to SoMs as part of development process and some SoMs lead of specific policy development. Relevant policies and guidelines are discussed at SoM meetings. There is also an indentified SoM as a representative on the written control document group who feeds back to SoM meetings</p> <p>The audit evidence reflected how the policies and guidelines are ratified through organisational committees</p> <p>SoMs who have responsibility as author of some of the guidelines are often listed as a “Senior Midwife” but it is not clear how they delineate their role as a SoM from their substantive role.</p>				
<b>Recommendations to support continued development</b>  <p>SoMs to continue to reference and evidence how they are involved with policy and guideline development and ensure that they clearly delineate their role as a SoM from their substantive role. It is essential that SoMs demonstrate how their expert knowledge of supervision and clinical practice protects the public.</p>				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V4	<b>All midwives have access to documentation of local guidelines and policies in electronic or hard copy.</b>	<p>Guidelines and policies available on the BCU Health Board Intranet site with all desktop computers in main areas having an icon leading directly to guidance and policies.</p> <p>Hard copies always available and when new policy ratified it is circulated widely with advice to remove outdated ones from files. Updated policies and guidelines are circulated by email to all SoMs and added to safety briefings held at each handover.</p>		
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
V4	<b>Result:</b>  <b>LSA - MET with strong / moderate evidence with recommendations made for development.</b>	<b>A clear process that shows SoMs lead on communication with midwives when new guidelines are developed.</b>  <b>There is a clear process for SoMs to disseminate guidelines and make sure midwives are aware/signed up to.</b>	<b>SoMs may not lead on communication but are clearly involved in a process of communication with midwives when new guidelines are developed.</b>  <b>SoMs may not do the dissemination but they can show some involvement in midwives sign up/awareness.</b>	<b>There is no evidence that SoMs play any part in communicating new guidelines to midwives or ensure they are aware/signed up to.</b>
<b>LSA commentary</b>  <p>During the visit to the clinical environment, midwives verified that they have access to local guidelines and policies in electronic and hard copy.</p> <p>Midwives described recent changes in guidelines and how these are located in the SBAR folders.</p> <p>The midwives questionnaire that 97% of respondents knew how to access local policies and guidelines.</p>				
<b>Recommendations to support continued development</b>  <p>The framework for the SoMs role in guideline development needs to provide the explicit detail in how SoMs lead on communication with midwives when new guidelines are developed</p>				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V5	<b>Midwives are provided with and attend skills and drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations.</b>	<p>Mandatory training takes place within BCUHB to encompass all obstetric emergencies and other mandatory training, including community settings.</p> <p>This model ensures that all midwives within BCU can access annual training.</p> <p>There is a record of attendance held centrally.</p> <p>Clinical governance, Senior Midwives and SoMs take the lead in developing the programmes.</p>		
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
V5	<b>Result:</b>  <b>LSA – This standard was not assessed and there were no recommendations from previous year</b>	<p><b>There is a training record that demonstrates that there is a year on year programme covering all major skills and drills as in CEMACH.</b></p> <p><b>There is a clear record that year on year 95 – 100% midwives have attended skills and drills and been tested successfully.</b></p> <p><b>20+ midwives can describe the skills and drills process, when they last attended and how they were tested.</b></p>	<p><b>There is some evidence to support a record of training but it is not up to date or showing continuous improvement of attendance.</b></p> <p><b>There is a clear record that year on year 90 – 95% midwives have attended skills and drills and been tested successfully.</b></p> <p><b>10 + midwives can describe the skills and drills process, when they last attended and how they were tested.</b></p>	<p><b>There is no training plan to support attendance of improvement in numbers attending.</b></p> <p><b>Less than 90% of midwives have attended mandatory skills and drills in the last year and in previous years.</b></p> <p><b>Less than 10 midwives can describe the skills and drills process, when they last attended and how they were tested.</b></p>
<b>LSA commentary</b>  This standards was not assessed as part of the audit visit				
<b>Recommendations to support continued development</b>  No recommendations made for development.				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V6 & V7	<p><b>SoMs retain records of Supervisory activities for 7 years. Rule 12.</b></p> <p><b>Supervisory records are stored in such a way as to maintain confidentiality. Rule 12.</b></p>	All Supervisors have access to a locked filing cabinets which are located in locked rooms for storage of records. Password protection is used on confidential supervisory material		
Measures <span style="margin-left: 150px;">Strong</span> <span style="margin-left: 150px;">Moderate</span> <span style="margin-left: 150px;">Weak</span>				
<p>V6 &amp; V7      <b>Result:</b></p> <p><b>LSA – This standard was not assessed and there we no recommendations from the previous year</b></p>	<p><b>There is a clearly marked and dedicated area for the storage of supervisory records that are not part of any other HR files.</b></p> <p><b>It can be demonstrated that these records do back at least 7 years.</b></p> <p><b>SoMs can describe the process they would undertake if they had difficulty storing records locally.</b></p>	<p><b>There is an area where supervisory records are stored but it tends to be along with other HR files albeit they are still separate and not accessible to others.</b></p> <p><b>Cannot show that records go back for 7 years.</b></p> <p><b>SoMs can describe some part of what they would do if they had difficulty storing records locally.</b></p>	<p><b>There is no dedicated area and supervisory files are mixed with management/HR files which are accessible to others.</b></p> <p><b>There is limited or no backlog of records.</b></p> <p><b>SoMs are unable to describe adequately what they would do if they had difficulty storing records locally.</b></p>	
<p><b>LSA commentary</b></p> <p>LSA - Evidence was not reviewed for this standard criteria</p>				
<p><b>Recommendations to support continued development</b></p> <p>No recommendations made for development.</p>				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V8	<b>Support is provided for SoMs in their administrative tasks in line with LSA funding.</b>	7.5 hrs per week dedicated SOM admin support available funded from LSA funding. The admin support is available for the whole SoM team across BCU		
Measures				
<b>Result:</b> <b>LSA - This standards was not assessed and recommendation from previous year still applies</b>		<b>Strong</b> <b>There is a dedicated administrator who can clearly demonstrate her role in supporting SoMs both from records and in verbal communication.</b>	<b>Moderate</b> <b>There is some dedicated time for supervisory administration but the individual post holder is less able to show her records of activity or to articulate that well.</b>	<b>Weak</b> <b>There is no real dedicated time for administrative support which is evident on review of records and in conversation.</b>
<b>LSA commentary</b>				
<p>It was recognised in the 11-12 audit process that administrative support is available 7 ½ hours per week to support the following activities;</p> <ul style="list-style-type: none"> <li>• Agenda setting for BCU SoM meeting</li> <li>• Minutes of meetings</li> <li>• LSA database support</li> <li>• Developing annual review documentation</li> <li>• Arranging SoM away days</li> <li>• Supporting incident review process</li> <li>• Supporting developing supervised practice templates</li> <li>• Letters for appointments</li> <li>• Booking conferences and accommodation arrangements</li> <li>• Supporting contact SoM role</li> </ul>				
<b>Recommendations to support continued development</b>				
<p>Whilst evidence was not reviewed for this standard criteria, the recommendation for 11-12 still applies to evaluate administrative activities to ensure that administrative support is available and being used equitably by all BCU SoMs.</p>				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V9	<b>Regular meetings of SoMs are convened to share information and proceedings are recorded.</b>	<p>North Wales Supervisors of midwives meet on a monthly basis. The sub finance group also meets prior to the main meeting.</p> <p>Minutes are taken and distributed prior to the meeting by administration support.</p> <p>Attendance lists are maintained and an analysis of attendance is monitored</p>		
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
V9	<b>Result:</b>  <b>LSA - This standard was not assessed and with recommendations from 11-12 still apply</b>	<p><b>There are clear records of meetings with ToR and a plan of activity/agenda setting.</b></p> <p><b>Attendees are clearly recorded and there is 70 – 75% attendance at all meetings.</b></p> <p><b>There is a clear process for dissemination of minutes and assigning actions to SoMs.</b></p> <p><b>100% of SoMs interviewed could describe all of the above.</b></p>	<p><b>There are records of meetings but there is no clear process for setting the agenda or ToR for the group.</b></p> <p><b>Attendees are recorded and there is a 50 – 70% attendance at all meetings.</b></p> <p><b>There is a process for distributing minutes but how and by who actions are to be achieved is less clear.</b></p> <p><b>75% of SoMs interviewed could describe all of the above.</b></p>	<p><b>There is no auditable trail of minutes, no ToR or clear plan for agenda setting.</b></p> <p><b>Regularly seems to be less than 50% attendance at all meetings.</b></p> <p><b>There is no process for distributing minutes or assigning actions to SoMs.</b></p> <p><b>Less than 50% of SoMs interviewed could describe all of the above.</b></p>
<b>LSA commentary</b>  Evidence was not reviewed for this standard, however the LSA is aware that analysis of attendance for SoM meetings has identified that some SoMs are not compliant with attending 70-75% of all meetings				
<b>Recommendations to support continued development</b>  All SoMs must review their SoM role to ensure that they are able to attend at least 75% of the BCU SoM meetings				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V10	<b>Effective mechanisms are in place to ensure that every SOM receives information disseminated by statutory bodies.</b>	All information from HIW, NMC, LSA, NICE, NPSA etc are forwarded by e-mail by Contact SoM or HoM to all Supervisors.		
Measures				
<b>V10 Result:</b>  <b>LSA – This standard was not assessed and no recommendations from previous year</b>		<b>Strong</b>  <b>There is a clear process that can be demonstrated to support how every SoM receives information from statutory bodies i.e. NMC, NICE, LSA, NPSA.</b>  <b>100% of SoMs interviewed could describe the process.</b>	<b>Moderate</b>  <b>There is some process but it cannot be clearly evidenced to support how all SoMs receive the information.</b>  <b>75% of SoMs interviewed could describe the process.</b>	<b>Weak</b>  <b>There is no clear process and information sharing appears ad hoc and haphazard.</b>  <b>Less than 50% of SoMs interviewed could describe the process.</b>
<b>LSA commentary</b>  Evidence was not reviewed for this standard criteria				
<b>Recommendations to support continued development</b>  No recommendations made				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V11	<b>Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies.</b>	<p>The CPG directorate acknowledges statutory supervision as part of the governance framework with Contact SOM invited as a member of sits on monthly CPG board meetings and quality and Safety meetings. There is standing agenda items for SoMs to report into, raise issues / concerns and provide progress reports</p> <p>Meetings are open to other SoMs who may wish to attend.</p>		
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
V11	<p><b>Results:</b></p> <p><b>LSA - MET with moderate / weak evidence.</b></p> <p><b>Recommendations made to strengthen the standard and for continual development.</b></p>	<p><b>There is a clear written policy within the clinical governance department that takes account of the interface between CG/SoM teams.</b></p> <p><b>There are regular minutes of meetings where SoMs are present in their supervisory capacity and demonstrate their input to the clinical governance agenda.</b></p>	<p><b>There is no written policy but CG managers are able to describe what SoMs do and how they currently contribute to the CG agenda.</b></p> <p><b>There have been at least 2 occasions in the previous year where a SoM has been present at or contributed to the appropriate CG committee.</b></p>	<p><b>There is no clear evidence that the CG team recognise SoM and they cannot articulate clearly where the interface would be.</b></p> <p><b>There is no evidence that a SoM attends any CG committee in her own right even if she is there with 2 hats.</b></p>
<p><b>LSA commentary</b></p> <p>The evidence provided for this standard was very limited. Whilst the framework is clearly in place, SoMs who were present for the audit visit were unable to describe in detail or provide a range of examples on how they attended the relevant meetings and contributed to the clinical governance agenda in regards to midwifery practice or SoM issues.</p> <p>All SoMs recognised that they needed to be more proactive in planning ahead for their attendance at the meeting or record if they are there as a SoM alongside their substantive title. The monthly SoM meeting needs to identify the relevant issues to be highlighted in the governance meetings and ensure feedback of actions taken are recorded in subsequent SoM meetings.</p> <p>The risk midwives are SoMs and during the audit visit the interface between clinical governance and the SoM role was explored, but evidence was then presented around the incident reporting system rather than robust evidence of the interface of supervision with the governance framework. Whilst the corporate risk manager had attended a BCU SoM meeting as agreed from the 2011-12 audit visit, the lack of clinical governance representation at the audit visit was a missed opportunity to measure improvements in inter-disciplinary working from last year.</p>				

**Recommendations to support continued development**

BCU SoMs identified it is essential that SoMs attend / participate in clinical governance meetings and SoMs present any relevant outcomes from SoM investigations or service development to fully evidence their input to risk or clinical governance issues.

BCU SoMs must ensure that BCU SoM meetings recognise the role they play within the governance framework and focus the meeting to feedback on governance such as recording the outcomes from SoM investigations and relevant service development.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V12	<b>An interface between supervision &amp; risk management is evident in the investigation of critical incidents.</b>	Incidents are notified using Datix system. These are currently reviewed by line managers and risk midwives, who are supervisor of midwives. The line managers or risk midwives involve supervision where appropriate.		
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
V12	<b>Result:</b>  <b>LSA - MET with moderate / weak evidence.</b>  <b>Recommendations made to strengthen the standard and for continual development.</b>	<b>There are clear TOR for the review of SIs that includes the need for SoMs to be involved.</b>  <b>Where SI's RCA outcomes are reviewed on a MDT basis there is clear evidence that a SoM has been involved as part of the team in her capacity as a SoM in order to take back lesson learning.</b>	<b>There are no written TOR for SoMs to be part of the SI review meetings but CG personnel and SoMs can describe that this happens.</b>  <b>There is some evidence SoMs and the CG team collaborate in an SI review and particularly where there are lessons for midwifery practice to be learnt.</b>	<b>There is no recognition that SoMs need to be part of the SI review process.</b>  <b>There is no evidence that SoMs are included in SI review meetings and there is no process for them to share lessons with the midwifery team.</b>
<b>LSA commentary</b>				
<p>There is no ToR setting out SoM involvement in the MDT review of serious incidents. There was no evidence to demonstrate actual joint working on investigations with SoMs working alongside the managers conducting an investigation. It is acknowledged that there was evidence of local discussions in regard to clinical incidents but this is not the same as conducting an investigation in tandem whilst recognising the discreet roles of the SoM and manager. If this joint process can be developed this avoids duplication for individuals involved in incidents, ensures conclusions are reached simultaneously that are not at odds with each other and allows restoration to be applied jointly if appropriate and in a timely manner. SoMs have been particularly taxed by timely completion of the whole investigation process.</p>				
<b>Recommendations to support continued development</b>				
<p>SoMs need to continue the collaborative working with the corporate risk team and embed how supervision can link with or contribute to a joint process to minimise duplication and improve outcomes for those who are subject to investigation. Equally the risk management team should continue to call upon the expertise that SoMs can bring to the investigation process. It is recommended that the SoM work plan includes an objective that will strengthen closer working with risk management and develop a Flow chart to show timely communication and engagement with management and SIR process which can then be evidenced at the end of the next annual audit review.</p>				

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V13	Outcomes of investigations of critical incidents are disseminated to inform practice.	<p>All midwives involved in critical incidents are encourage to attend outcome meetings as a means of sharing outcomes of SIs. Outcome reports from supervisory investigations are shared with the organisation and should be updated as actions completed.</p> <p>Themes, trends and lessons learnt are discussed at quality and safety forums and featured in risk newsletter.</p>		
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
V13	<p><b>Result:</b></p> <p>LSA - MET with moderate /weak evidence</p> <p>Recommendations made to strengthen the standard and for continual development.</p>	<p>There is a clear process and actual means of sharing outcomes of SIs with midwives in practice.</p> <p>There are examples of practice change that can be shared to demonstrate that this process works.</p> <p>There is evidence that any practice change resulting from outcomes of an SI has been audited to ensure it has made an improvement.</p> <p>20 + Midwives at ward level can describe the process and a recent practice change.</p>	<p>There is some evidence of a means to share outcomes of SIs i.e. newsletter but this is not well embedded.</p> <p>There is anecdotal evidence of practice change but there has been no formal process to introduce it.</p> <p>There is evidence of practice change but it has not been audited for success.</p> <p>10 + midwives at ward level can describe the process and a recent practice change.</p>	<p>There is no formal or informal process to share outcomes of SIs.</p> <p>There are no outcomes that can demonstrate practice change as a result of an SI.</p> <p>There is no evidence of audit of practice change.</p> <p>Less than 10 midwives can describe anything like a process for sharing outcomes of SI and how these influence practice change.</p>
<p><b>LSA commentary</b></p> <p>The evidence presented through the audit visit identified that there are structures in place to review incidents, identify lessons learnt and that appropriate corrective action is taken. Supervisors are invited to input into this agenda as they are included through the quality and safety forum. However there is limited evidence on SoMs closing the loop on with completed actions by a SoM involved in or led on any piece of work or outcomes from SoM investigations.</p> <p>Midwives who participated in the audit review welcomed feedback on lessons learnt from an incident but there was still limited evidence to describe recent practice changes and key lessons learnt from the SoM investigation process</p>				

**Recommendations to support continued development**

The SoM team to update the incident and investigation log at monthly meetings to ensure all action plans are completed and “closing of the loop” from SoM investigations takes place.

SoMs to provide regular update in clinical governance meetings and be able to evidence the lessons learnt by presenting any relevant outcomes from SoM investigations or service development to fully evidence their input to risk or clinical governance issues.

The SoM team need to ensure they have a clear process and actual means of sharing outcomes of SoM investigations to be able to show examples of practice change with subsequent LSA audits

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V14	<b>Audit of record keeping of each midwife's records takes place annually. Rule 9.</b>	<p>BCU SoM use a standard recordkeeping audit tool as part of the annual review process and additional peer audit of records are undertaken in the Midwifery Updates.</p> <p>An audit report is compiled to identify the lessons to be learnt from record keeping audits.</p>		
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>
V14	<p><b>Result:</b></p> <p>LSA - MET in line with strong / moderate evidence. Recommendations made for development.</p>	<p>There is a clear written process to identify what records audit processes will take place, how often this will be done, who will be involved and how the outcomes for improvement will be shared with all midwives.</p> <p>There are examples of record audit tools to demonstrate how the audits are conducted.</p> <p>There are examples of year on year audits that have been done and what lessons were learnt from each one.</p> <p>There are regular examples of how lessons learnt from audits are shared with all midwives.</p> <p>There is evidence of auditing and improvement between a review.</p> <p>20 + midwives can describe each of the steps above and can talk about practice change as a result.</p>	<p>There is no written process on records audit but there is evidence that these take place at regular intervals, in different formats, by different people/teams and the lessons learnt are shared frequently.</p> <p>There is at least one audit tool to demonstrate how an audit will be conducted.</p> <p>There are some examples of previous audits but they are not systematic</p> <p>There are some examples of lessons learnt being shared but this is not consistent.</p> <p>There is evidence of re auditing but continuous improvement is less evident.</p> <p>10+ midwives can describe most of the steps above and talk about how this has influenced practice.</p>	<p>There is no process in place nor is it clear how often, by who and by what means auditing takes place.</p> <p>There are no recognised audit tools to demonstrate how robust audits will be or have been undertaken.</p> <p>There are only ad hoc examples of record audits available to evidence.</p> <p>There are ad hoc examples of sharing lessons learnt.</p> <p>There is limited or no evidence of re auditing or any improvement shown.</p> <p>Less than 10 midwives can describe any of the steps above or can talk about how record audits influence practice change.</p>

**LSA commentary**

BCU SoMs identified the recordkeeping audit process through the audit tool and audit reports which demonstrate lessons to be learnt in standards of record keeping. During the audit visit, SoMs and midwives were able to describe the changes made as a result of the recordkeeping audits and highlighted the benefit of recent recordkeeping audits during the midwifery update days.

Midwives interviewed during the audit visit could describe this aspect of the annual review process.

**Recommendations to support continued development**

This is an area of significant challenge for midwifery practice and should be audited in a robust and consistent manner, more than once a year, using different methods such as peer review, group review and random selection of notes by a variety of personnel for the major audit. SoMs should devise an annual plan for conducting regular audits and include how lessons learnt will be shared; practice change encouraged and re auditing for improvement will be conducted. 100% of midwives should have at least two sets of records audited at their annual review as a minimum.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V15	<b>Information pertinent to the statutory supervision of midwives is publicised through e.g. Newsletters, bulletins, websites, e-mails, voice mail and reports by LSA, Employers and SoM.</b>	Supervision Notice Boards are visible in all Maternity Units. This includes the NMC leaflet and contact numbers for members of the public.  Annual Report is shared with Executive Board.		<ol style="list-style-type: none"> <li>1. Launch SoM newsletter or link in with clinical governance newsletter</li> <li>2. BCUHB website link to information regarding SOM in N Wales to be arranged.</li> </ol>
Measures				
<span style="color: green; font-weight: bold;">Strong</span> <span style="margin-left: 150px; color: orange; font-weight: bold;">Moderate</span> <span style="margin-left: 150px; color: red; font-weight: bold;">Weak</span>				
V15	<b>Results:</b>  <b>LSA – LSA – This standards was not assessed and recommendation from previous year still applies</b>	<p><b>There is noticeable evidence that SoM is publicised in all places that women and families visit.</b></p> <p>The NMC leaflet on SoM is available along with other written documentation to direct women to a SoM and informing them why they may wish to access a SoM.</p> <p>The HB website has information on the role of the SoM and how to make contact with her.</p> <p>There is evidence that the annual report is shared with user forums such as MSLC and across the organisation up to Board level.</p> <p>20 + midwives are aware of the LSA newsletter being shared with midwives and can describe how useful/relevant it was to them in their practice.</p>	<p><b>There is some noticeable evidence of SoM but it is not consistent in all areas where women and families are seen.</b></p> <p>The NMC leaflet is available but there is no additional information produced locally nor is it clear to women why they may wish to access a SoM.</p> <p>There is reference to SoM on the website but no further detail.</p> <p>The annual report has been shared with the Board but limited evidence that is has been shared more widely.</p> <p>10.+ midwives are aware of the LSA newsletter and can describe how useful/relevant it was to them in their practice.</p>	<p><b>SoM are not noticeable in any area for members of the public to see.</b></p> <p>There are not leaflets either NMC or local available for women.</p> <p>SoM is not referred to on the HB website.</p> <p>The annual report has only been shared with the Board if at all.</p> <p>Less than 10 midwives are aware of the LSA newsletter and can describe how useful/relevant it was to them in their practice.</p>

**LSA commentary**

BCU SoMs showed evidence of being strong leaders with a commitment to ensure that the work of supervision is visible to the organisation, midwives and users of maternity services. Across the LHB there are range of displays of bilingual information with posters and availability of the NMC leaflet. Displays for SoMs are visible in all areas with information on supervision and why you may contact a SoM.

BCU LHB has a developing MSLC and SoMs play an active part in meetings. The audit review team were unable to met the MSLC chair during the audit visit and the LSA Lay Reviewer attempted to gather the views of the Chair through email contact with no response.

The LSA annual report and the LHB annual report had been shared with the MSLC and at Board level through a briefing paper prepared by the Head of Midwifery and presented by the Director of Nursing. There have been numerous examples shared at SoM meetings of SoMs working as a team with midwives to support women and midwives when women are making choices that are not necessarily in line with their level of risk. The sharing of care plans and action plans using a standard communication tool is another example of good practice.

Through the listening clinics, there is evidence of the wider distribution of the LSA newsletter which raises the profile of supervision, supports midwives in keeping up to date with publications and news from NMC.

**Recommendations to support continued development**

BCU SoMs have identified their intention to ensure the local SoM Annual report for 2012-2013 will have executive summary written in Board format to support the information being featured at relevant committees and at Board level.

Nos	Criteria for Measurement	Evidence Presented by LHB			LHB planned Improvement Action
V16	<b>SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety.</b>	<p>BCU SoMs check all community equipment with each individual midwife at their attendance to annual midwifery update days.</p> <p>Inventory of equipment is available.</p> <p>Storage of entonox is stored within Health &amp; Safety regulations.</p> <p>Daily equipment checks carried out in all the acute areas.</p>			
Measures		<b>Strong</b>	<b>Moderate</b>	<b>Weak</b>	
V16	<b>Result:</b>  <b>LSA - MET in line with moderate to strong evidence with recommendations made for development.</b>	<p><b>There is a clear policy on how SoMs are involved in devising processes for checking equipment at ward level and for community midwives.</b></p> <p><b>There is evidence of frequent year on year checking of equipment both for availability and safe maintenance.</b></p> <p><b>There is evidence that SoMs are involved in devising and monitoring CTG training, scoring and regular good practice.</b></p>	<p><b>There is no clear policy on how SoMs are involved in processes for checking equipment at ward or community level but SoMs can describe how this happens.</b></p> <p><b>There is some evidence that SoMs do check equipment both for availability and safe maintenance but this is not consistent.</b></p> <p><b>There is some evidence of SoM involvement in monitoring CTG training, scoring and regular good practice but it is not consistent.</b></p>	<p><b>There is no process and SoMs are not able to articulate how this is done or the frequency at which it happens.</b></p> <p><b>There is limited or no evidence to support that SoMs do check equipment at ward or community level.</b></p> <p><b>There is limited or no evidence that SoMs are involved in monitoring CTG training, scoring or regular good practice.</b></p>	

**LSA commentary**

During the audit visit there was evidence of equipment checking and maintenance checks by appropriate personnel for equipment such as scales and entonox. There was also evidence seen in the clinical areas that supported regular checking of trolleys and community equipment which was seen as the responsibility of team leaders and support worker roles. This was not solely the responsibility of the SoMs although they could describe what happens and when.

There was evidence that SoMs are closely involved with the training, assessing of competence and sharing of good practice and lessons learnt in relation to CTG use albeit attendance at CTG updates and completion of online training packages still needs to be improved.

**Recommendations to support continued development**

To devise a policy on how SoMs will be involved with the audit of equipment checking even if they are not actually conducting the process themselves and in particular how they will assure themselves that community midwives equipment has been checked.

Nos	Criteria for Measurement	Evidence Presented by LHB		LHB planned Improvement Action
V17	<b>SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services.</b>	<p>Limiting Services Policy in place to ensure safe services are maintained. This includes escalation to Executive On Call.</p> <p>Concerns with staffing and the SoM ratio above 1:15 are recorded onto the Risk Register that informs the Executive Board.</p> <p>Maternity Dashboard is available to all staff.</p>		
<p style="text-align: center;">Measures <span style="margin-left: 150px;">Strong</span> <span style="margin-left: 150px;">Moderate</span> <span style="margin-left: 150px;">Weak</span></p>				
V17	<p><b>Result:</b></p> <p>LSA – MET in line with moderate evidence recommendations made for development.</p>	<p><b>Minutes of SoM meetings demonstrate discussion in relation to staffing issues or other patient safety risks.</b></p> <p>There is evidence of action plans that SoMs have devised to support midwives in maintaining safe practice and outcomes are clear as a result.</p> <p>There is written evidence that SoMs have raised their concerns with the HoM when either their own workload is compromising their ability to protect the public or there are such concerns relating to service delivery and there are clear outcomes as a result.</p>	<p><b>Minutes of meetings shown some discussion regarding safe staffing levels etc. but it is less clear what action will be taken as a result</b></p> <p>There is evidence of action planning but these are not robust and outcomes are not well defined.</p> <p>There is some evidence that SoMs have raised concerns with HoMs and others but there has been no follow up or practice change as a result.</p>	<p><b>There is no evidence that such matters are discussed by SoMs in their meetings.</b></p>

**LSA commentary**

There are monthly SoM meetings where the agenda needs to be more focused on the functions of public protection and the SoMs role in challenging managers to address concerns.

The LSA MO and the contact SoM meet with the Head of Midwifery / Associate Chief of Staff where staffing and other safety matters are discussed. Any unresolved issues have been escalated to the Director of Nursing on a case by case basis, through the six monthly meetings or ad hoc if required.

There were some good examples of care planning developed by SoMs in partnership with midwives to support care planning for women who make less favourable birth choices.

**Recommendations to support continued development****Updated 2012/13**

There needs to be more evidence of SIs and their subsequent action plans being reviewed at SoM team meeting which aims to strengthen the action planning and assurance that management are addressing areas of concern.

The SoMs need to make sure there is equitable representation at all SoM meetings and that the agenda is appropriately set to ensure a strong focus on monitoring management issues resulting from serious incidents and supervisory investigations.

SoMs need to ensure they increase their visibility at other corporate committees where they have opportunity to raise concerns relating to maternity provision if it is considered such concerns have implications for the safety of mothers or babies.

The operational plan for supervision in 2013/14 needs to be devised with SMART actions to ensure there is a lead person with a timeline for completion and regular progress updates at made.

## **5 Conclusion**

- 5.1** The LSA in Wales recognised the need to revise and streamline the SoM audit process to ensure it was both fit for purpose and would add to existing assurance mechanisms in enhancing public protection. However the LSA was also minded to reduce duplication of effort for SoMs by devising a more seamless process to ensure outcomes and recommendations would be relevant and inform the way forward in subsequent planning cycles. This is a dynamic process and the LSA MOs will work with SoMs and Heads of Midwifery to further refine the annual audit in order that it supports internal governance as much as informing the LSA and NMC.
- 5.2** The supervisors in BCU Health Board are to be commended on their work to date and the contribution individuals and the team as a whole makes to enhancing public protection. The LSA is grateful to all staff who contributed to the audit visit and the compilation of evidence as well as to the Health Board for its hospitality.
- 5.3** The LSA in Wales looks forward to working with all SoMs to continue improving the visibility of the supervisory function at every level of the Health Board. We are also very excited about supporting the Future Proofing of Supervision that will demonstrate to the Board that supervision really does add value to midwifery services and ultimately the role of the supervisor enhances public protection through pro actively supporting a safe midwifery workforce.

## Healthcare Inspectorate Wales LSA

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

Date: Monday 15 April 2013  
 Location: Parentcraft Room, Wrexham Maelor Hospital,  
 Betsi Cadwaladr University Health Board

No.	Time	Activity
1	09.00	Arrival & Coffee
2	09.15	<p>Introduction from the LSA review team</p> <p>LSA MO presentation to set out the purpose of the revised audit of supervision and the future direction of supervision set out by the NMC</p> <p>To be invited – Director of Nursing            Head of Midwifery            Clinical Director            Contact SoM            Local SoMs            Corporate Risk Manager            Administrative support for supervisor of midwives</p>
3	09.30	<p>20 minute overview presentation from local SoMs to include;</p> <ol style="list-style-type: none"> <li>1. Summary of local annual report and operational plan 2012-2013</li> <li>2. Examples of Good Practice</li> <li>3. Examples of local profile of supervision</li> <li>4. Key information for the local annual report for 2012-2013</li> <li>5. Direction of travel for local SoM team with suggested operational plan for 2013-2014</li> </ol>
4	10.30	Coffee
5	10.45	<p>LSA review team to meet with Corporate Risk Manager (Team 1)</p> <p>LSA review team to meet with PPI leads, MSLC Chair and review examples of SoMs user engagement (Team 2)</p>
6	11.15	<p>Review team 1 to review evidence for audit standards V11, V12, V13,</p> <p>LSA review team to meet with student midwives, practice educators, midwife mentors (Team 2)</p>
7	11.45	<p>LSA review team to meeting with local SoMs to review evidence for audit standards V1, V3, V4, V14, V16, and V17.</p>
	12.30	LSA review team to meet with Clinical Director (Team 1)
8	13:00	Lunch
9	13:30	LSA Review team to verify evidence within the clinical environment
10	15.00	LSA Review team to summarise findings and draft information for report
11	16.00 to 16.15	Feedback to HoM and others, overview of day and next steps

## Appendix B

### List of Participants for the Annual Audit process

Acting Director of Nursing – Rena Cartmell

Associate Chief of Staff / Head of Midwifery – Fiona Giraud

Clinical Director – Mrs Kumar

Contact SoM – Ruth Carter

Governance Midwife and SoM – Mandy Kyffin

SoM – Julie Reeve

SoM – Sian Youssef Mohammed

SoM – Sharn Jones

SoM – Jenny Jones

SoM – Gaynor Lloyd

SoM – Heledd Jones

Practice Educator – Acting LME - Mary

Midwives

Student Midwives

Telephone follow up with

MSLC Chair – Karen Griffiths

Apologies

Corporate Risk Manager – Peter Barry