

Annual LSA Audit & Handover Report

2013-2014

Hywel Dda University Health Board

amddiffyn y cyhoedd
trwy oruchwyliaeth
statudol o fydwraedd



protecting the public
through statutory
supervision of midwives

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LSA MO

Date: 31.10.14

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1 Executive Summary

- 1.1** Local Supervising Authorities (LSA) are organisations within geographical areas, responsible for ensuring that statutory supervision of midwives is undertaken according to the standards set by the Nursing and Midwifery Council (NMC) under article 43 of the Nursing and Midwifery Order 2001, details of which are set out in the NMC Midwives rules and standards (2012). In Wales, the function of the LSA is provided by Healthcare Inspectorate Wales (HIW) on behalf of Welsh Ministers. The LSA in Wales has two appointed LSA Midwifery Officers (LSAMO) to carry out the LSA function on its behalf.
- 1.2** The overarching focus of supervision in year has been the development of a revised model of supervision that will enable the LSA and the Health Boards (HB) to meet their respective statutory duties. The backdrop to the need for a Future Proofed 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 SoMs who could no longer juggle the increasing demands of the supervisor's role with those of their substantive posts.
- 1.3** The initial plan for implementation of the revised model of supervision in Wales was scheduled to be the 1st April 2014. It was the LSA's intention that audit reports would be published in May thereafter in order that they could reflect the existing position of supervision in each HB as well as identify the issues for handover and the action plan to take supervision forward. In reality, following several delays in implementation, the go live date was 4th August 2014 which in turn contributed to the delayed publication of the audit and handover report. The LSA has of course continued to work with Heads of Midwifery (HoMs) and the supervisory teams to ensure supervision of midwives has been appropriately supported and effectively delivered during the transition period.
- 1.4** The purpose of the annual audit is to assess the performance of Supervisors of Midwives (SoMs) in delivering the function of supervising in each HB against the NMC standards and make suggestions for further development and continuous improvement.
- 1.5** This report will set out the position of supervision in Hywel Dda (HD) HB at the time of audit earlier this year as well as the current status now that handover is complete and the revised model has been implemented fully which was not until 3rd November 2014 for HD HB. It will also include the self assessment action plan devised by SoMs as part of the audit process and since honed by SoMs appointed to the revised model of supervision who are now charged with taking supervision forward to be a high quality, timely and effective service provision.

1.6 Overview

The LSA in Wales has continued to revise and refine the process for auditing maternity services which was initially devised in 2011- 2012. The current audit was conducted through a team approach with peer and lay reviewer input. The aim of the audit process was for SoM teams to self assess their progress against all 17 standards set by the NMC and to identify where they considered any development action was needed or recommendations had been made previously by the LSA. The action plan would form part of the handover plan from the existing SoM model to the Future Proofing Supervision (FPS) SoMs to take forward. This current audit showed that 30% (5) of the criteria for the seventeen standards measured were met with **STRONG** evidence by the HD SoM team, a further 35% (6) were met with **STRONG/MODERATE** evidence and another 35% (6) were scored as **MODERATE**. The SoMs have identified some areas for development but action planning was rather weak which leaves the Future Proofing Supervision (FPS) SoM team will work to do to prioritise the HB action to develop supervision going forward. This is against a backdrop of significant service change and delayed implementation of the FPS model in this organisation compared to the rest of Wales.

The HD HB SoMs appointed to the revised model of supervision will now work towards strengthening their action plan as set out in section three to support development of standards in year. They will also need to focus on addressing issues raised in the handover plan as seen at section four. The achievement of the Key Performance Indicators (KPIs) identified in the FPS, Service Specification will further enhance and influence practice change. Progress against the KPIs will be monitored through the Monitoring and Evaluation Group and through the Senior Leadership Group of HIW. Quarterly reports will be prepared and shared with HoMs to enable further monitoring and address any specific challenges to progress.

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. We are working closely with colleagues from across Wales and beyond to redesign the audit process for the coming year as we consider external scrutiny of the LSA will 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 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 standards. The review team consisted of the named LSA MO, at least one LSA Lay Reviewer and an experienced SoM from a neighbouring HB. 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 rather than the lay reviewers conducting a separate and unrelated audit function, as in previous years, which was welcomed at all levels.
- 2.3 The audit visit for Hywel Dda (HD) HB, took place on 6th January 2014 as planned. Key personnel were invited to attend as well as the HB supervisory team (**Appendix A – Programme**). The LSA MO, supported by a Lay Reviewer and sometimes a SoM, also undertook quarterly Pyramid audits as part of the annual audit cycle. Individual feedback reports were provided to the Head of Midwifery (HoM) immediately following the visit identifying areas of good practice or raising awareness where development was needed.
- 2.4 The annual audit was conducted by Vinny Ness LSAMO, supported by experienced SoM, Andrea Thomas from Cwm Taf HB and Natalie Paisey and Diane Milne LSA Lay Reviewers.
- 2.5 The audit visit began with a brief overview presentation by Vinny Ness and was followed by the SoMs PowerPoint presentation giving an overview of ABMU HB and supervisory activities as well as the achievements of the SoMs in relation to good practice. In addition, the audit visit gave an opportunity to meet and share information on supervision with, the Associate Director of Midwifery, Senior Midwifery Managers, Practice Development Midwife, SoMs, midwives, student midwives and service users (**Appendix B – Attendees**).

3 Audit Findings

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 9¹ 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 2014 HDHB employed 203 midwives and had 16 SoMs giving a ratio of 1:12 which is in excess of the NMC minimum standard.

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

In the audit year three SoMs in HD HB de selected from the SoM role and one took a period of leave of absence before de-selecting. The main reason given for de selection was the pressures of the substantive role and the need to improve their home/work life balance. There were no new appointments of SoMs in year. Many other SoMs considered de-selection but remained in the role whilst awaiting the transition to the new model. However it was disappointing to note that many SoMs in the transition period became less active which put increasing pressures on those who continued to strive to provide effective supervision. The delayed implementation of FPS in HD HB has been supported by three SoMs from Ceredigion but the FPS SoMs now have an increased workload to prioritise and deliver what is needed to demonstrate a strong supervisory function.

The LSA continued to support the ongoing development of SoMs (Rule 8²) through local workshops and engagement events particularly around the proposed Future Proofing Supervision (FPS) model. Since supervisory investigations were an area of risk for the LSA, local workshops concentrated on improving the skills of SoM in investigation and report writing in line with Rule 10³. There was further emphasis on closing the loop through restoration of midwifery practice and wider lesson learning in a timely manner. SoMs were provided with a detailed Investigation Workbook which contained all the necessary templates and exemplars to support them in their practice. In light of the impending

¹ NMC Midwives rules and standards (2012)

² Rule 8 of the NMC Midwives rules and standards (2012) sets out the requirement for continual professional development as a supervisor of midwives.

³ Rule 10 of the NMC Midwives rules and standards (2012) sets out the LSA procedures for supervisory investigations.

implementation of the FPS model the LSA deferred the annual supervisory conference in favour of a planned event in 2015 which will be facilitated by the team of SoMs aimed at midwives and their understanding of professional accountability.

3.1.2 Mechanisms for continuous access to a supervisor of midwives

Rule 9⁴ 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). HD HB SoMs had an annual compliance of 100% of midwives with an allocated named SoM throughout the year. The average rate of compliance with the ASR meetings was 90% across the audit year. This was not in line with the general increased compliance seen across Wales but inevitable in the last two quarters where SoMs gradually disengaged from the supervisory process. The current position is that Hywel Dda SoMs have the lowest all Wales figure which will need to be a priority action for the newly appointed SoMs once the revised model is fully implemented.

The LSA encourages ASRs to be completed electronically and the proformas are then stored on the national LSA database. The audit of paper record storage showed strong compliance with the required standards and midwives views of the ASR process were in the main positive although some made reference to being out of time and somewhat repetitive. Most midwives found the process of value and were afforded appropriate time and privacy for the process but commented that supervisors needed to be more proactive in their work. Monitoring the compliance with the ASR process has been an important element of the preparation for the implementation of the FPS model to ensure that FPS SoMs did not inherit additional work but this is a priority for SoMs in HD HB. The SoMs are now being supported by the LSA administrative team support to sort and archive files and ensure safe and appropriate storage.

HD HB SoMs operated a 24hour on call rota in each of their three sites until the final quarter of the year when the rota became HB wide at which point SoMs rotated the responsibility to ensure access to a SoM for midwives and women was available. The annual audit of on call response rates conducted by the LSA Lay Reviewers in January was mainly positive with the on call SoM responding within an average time of five minutes during office hours and between five and 25 minutes out of hours.

The LSA MO attended 70% of HD HB SoM meetings to ensure clear two way communication between the LSA and SoMs on all aspects of

⁴ Rule 9 of the NMC Midwives rules and standards (2012) sets out the requirement for supervisor of midwives.

the supervisory function. The LSA MO attendance also 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 annual work plans.

3.1.3 Impact on supervision of midwives working outside of maternity services

HD HB, like other HB across Wales has some practitioners who use their midwifery registration but are not directly employed in a midwifery role. The practitioners in HD HB who fell in to this category are mainly employed as Health Visitors however they still require a named SoM in order to comply with the NMC Midwives rules and standards. SoMs in HD HB decided to manage the additional caseload by identifying a specific SoM for these registrants. This not only made the workload manageable for SoMs but also ensured equity of supervision standards for a group of professionals who may have otherwise found themselves isolated from the midwifery profession and enabled the SoM to benchmark each practitioner's activity against the other.

3.2 Involving service users in supervision

The HD HB has an active Maternity Service Liaison Committee (MSLC) chaired by a lay member and the LSA MO has attended meetings on a few occasions to highlight relevant issues in regard to supervision. Most recently the committee had a presentation on the FPS model and how women would be able to access the support of a SoM. The chair of the MSLC has previously attended the annual audit day and met with the lay reviewers to share their views on how statutory supervision had supported women accessing maternity care in HD HB.

The LSA lay reviewers also engaged with women who were using the services of HD HB during each of the Pyramid visits. It was disappointing to find, throughout the year as in other HB, how few service users either had any knowledge of supervision and its purpose or had actually accessed a SoM for advice or support. Conversely this could be a positive response meaning those women who met with the lay reviewers were content with the care they received which was, almost without exception, the feedback women and their families articulated. It was most helpful to the LSA and the service to see the ward through the eyes of a service user and lay reviewers provided specific feedback on the environment of care and the appropriateness of information available for women. The lay reviewers had input to the quarterly reports back to the HoM and took part in proof reading the report before it was released.

The HD HB SoMs supported the LSA in contacting the Community Health Council for HD HB so that the LSA MO could attend a meeting with

them to raise the profile of statutory supervision and share with them the proposed model for supervision in Wales.

3.2.1 Overview of LSA audit activity – risk and benefit realisation

Table 1 Hywel Dda Health Board Self Assessment Action Plan

Stan. No.	Criteria/Measure	HB SoM planned action for improvement	Stan. No.	Criteria/Measure	HB SoM planned action for improvement
1	Midwife's views and experiences of statutory supervision are sought. MODERATE	Continue to audit midwives views on SoMs particularly important this coming year if future proofing plans go ahead. Review of audit format by HDHB team	9	Regular meetings of SoMs are convened to share information and proceedings are recorded MODERATE	Future Proofing will determine the structure for future SoM meetings Next HDHB SoM meeting is scheduled for February 2014 to discuss the way forward.
2	Confidential supervisory activities are undertaken in a room that ensures privacy. STRONG	If HDHB Clinical Strategy involves alteration of facilities HDHB SoMs will be actively involved in ensuring that a suitable facility will be included in the plan	10	Effective mechanisms are in place to ensure that every SoM receives information disseminated by statutory bodies STRONG	No new planned action
3	SoMs participate in developing policies and evidence-based guidelines for clinical practice. STRONG/MODERATE	Development of new policies will be required in line with proposed new clinical strategies SoMs will lead on their development and support implementation	11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies. MODERATE	No new planned action
4	All midwives have access to documentation of local guidelines and policies in electronic or hard copy. STRONG	SoMS to ensure that all midwives access NHS email at ASR process and any other contact meetings	12	An interface between supervision & risk management is evident in the investigation of critical incidents MODERATE	No new planned action
5	Midwives are provided with/ attend skills & drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations	No new planned action	13	Outcomes of investigations of critical incidents are disseminated to inform practice	No new planned action

	STRONG/MODERATE			STRONG/MODERATE	
6 7	SoMs retain records of Supervisory activities Supervisory records are maintained and stored in a secure way STRONG x 2	No planned action identified	14	Audit of record keeping of each midwife's records takes place annually. STRONG/MODERATE	No new planned action
			15	Information pertinent to statutory supervision of midwives is publicised through e.g. Newsletters, bulletins, web-sites, e-mails, voice mail and reports by LSA, Employers and SoM STRONG/MODERATE	No new planned action
8	Support is provided for SoMs in their administrative tasks in line with LSA funding MODERATE	There is no real dedicated time for administrative support which is evident on review of records and in conversation	16	SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety. MODERATE	No new planned action
17	SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services. STRONG/MODERATE	No new planned action			

3.2.2 In summary the annual audit of supervision in HD HB showed that the Health Board met all 17 standards set by the NMC. Five, 30% of standards were met with strong evidence, a further six, 35% of standards were met with strong to moderate evidence and the final six, 35%, were scored as having moderate evidence. The SoM team had completed a self assessment prior to the audit visit and where they considered their evidence could be developed should have identified appropriate improvement action to strengthen the standard in the coming year. The action planning for HD is weak which leaves the FPS SoMs with work to do as a matter of priority to identify development actions as the new model embeds.

Throughout the year the LSA has also conducted quarterly Pyramid visits as an extension to the audit process. The LSA MO was given free access to clinical areas of choice and was supported during the visit by a LSA lay reviewer. A specific interview schedule was pre prepared with the lay reviewer concentrating on the environment of care and seeking women's and families' views whilst the LSA MO focused on discussions with staff, ward safety and record keeping and storage. On occasions the LSA team was joined by a SoM from the HB who was able to see the ward from a different perspective.

The LSA found this a very useful exercise and had access to many more women and midwives views than by doing a one off annual event. Notes were taken by each member of the team and at the end of the visit a de briefing took place to identify any areas of concern that needed to be highlighted to the ward manager or the HoM for immediate attention. A draft report was prepared by the LSA MO from the notes of the meeting and the debriefing session and then shared with the visiting team for factual accuracy. Once agreed the report was submitted to the HoM with areas of good practice and areas for development highlighted.

3.3 Notable and Innovative Practice and Areas for Development from Pyramid Visits

Quarter 1 Maternity Ward Withybush Hospital Pembrokeshire

Good Practice

- Positive reports from women on the model of care
- Very neat and tidy environment of care with choices for women
- Relaxed atmosphere and midwives were highly thought of

Areas for improvement

- Information boards for women both on educational topics and on how well the maternity service is doing in meeting local and national targets
- Health Board wide policies should be given immediate attention to ensure midwives are adequately supported to give relevant, evidence based care
- A supervision board in the ward area to update women on the function of supervision, why they may like to contact one and how to do that

Quarter 2 Dynefwr Ward Glangwilli Hospital Carmarthen

Good Practice

- Some interesting information boards for women with a particular emphasis on breast feeding
- Women's responses in regard to the provision of care and the helpfulness of midwives and support staff
- Sharing of lesson learning visible and well understood by staff

Areas for improvement

- Bathrooms and shower facilities need to be cleaned and monitored more closely on a daily basis
- Storage of records needs to be more secure and compliant with local and national policy
- Higher profile of supervision and how/why women may like to access a supervisor.
- De-cluttering of the day room to make it a more inviting environment
- Midwives taking a more active part in labour ward forums

Quarter 3 was the annual audit visit which took place in Glangwilli Hospital and therefore there was no separate Pyramid report

Quarter 4 Maternity Unit Carmarthen General Hospital

Good Practice

- Positive reports from women on the model of care
- Clean and tidy environment of care with some great ideas for service development
- Staff well informed, up to date with training and all wearing appropriate uniform and identification

Areas for improvement

- Checking of emergency trolleys and equipment should be given immediate attention and a formal system of auditing daily checking should be introduced by management.
- Information boards for women both on educational topics and on how well the maternity service is doing in meeting local and national targets should be introduced
- A supervision board in the ward area to update women on the function of supervision, why they may like to contact one and how to do that

4 Hywel Dda Health Board Future Proofing Supervision Shadow/Hand Over Plan

Issue	Action Required	By Who	By When	Progress/Outcomes
Substantive role of FPS SoM	Backfilled and appropriate handover completed	All FPS SoMs		DJ and VDJ expected to be released end Oct / Beg of Nov. Meeting arranged with HOM on 15/10/14 to finalise.
Generic email to all SoMs	Requesting annotation of LSADB and completing as many ASR due within the next month or so	LSAMO JR	July 14	Done
Handover of SoM caseloads	LSADB appropriately annotated and 1:1 meetings arranged where required	All SoMs		Email sent to existing SoM's within HDHB to handover by 1/11/14
Sharing existing resources	Letters re group supervision, posters etc.	JH, KR, JL		
Current SoM records	Devise local plans for centralising all paper SoM files, shred any files where midwife deceased or out of service great than 7year, Over 1 to 2years plan to scan and store electronically all paper files and destroy paper copies Plan to transfer all paper copies of SoM investigation material to the LSA over 1 to 2 years	All SoMs to FPS SoMs	31/8/14 and ongoing	SOM files centralised in Pembrokeshire. Ceredigion SoM's – Ceredigion. Carmarthen to be done by VDJ and DJ
Current investigations	Close off all current investigations and learning activities. Handover to FPS SoMs if appropriate where learning is ongoing	All SoMs	31.7.14	Investigations in HDHB completed. 2 MW's awaiting LSAPP 1MW on LAP CPD DJ / VDJ / MJ Supporting SoM's
Final SoM meetings	To facilitate sharing of outstanding action from SoM action plan Identify any issues tom be taken forward by FPS SoM	All SoMs		Final Meeting for HDHB arranged
Shadow SoM arrangements	Where progress is not as advanced each health Board will need to devise an interim shadow plan to enable hand over to take place in an appropriate time	All SoMs		Interim plan in place supported by Ceredigion SOM's Ceredigion SoM's have prepared a legacy statement for handover.
Networking across Health Boards	To raise the profile of FPS SoMs and model, to begin relationship building in support of cross Health Board working	FPS SoMs working with current SoMs and SoMs in waiting		

Increasing visibility and raising the profile of the revised model	Walking the patch both in acute and community settings FPS SoMs to ensure that At a Glance what's changing posters are displayed in all appropriate clinical places in acute and community settings	FPS SoMs		Both FPS SoM 's walking the patch and very present in clinical areas. HDHB website and facebook page to be done
Group Supervision sessions	Group supervision to be planned until March 2015 Midwives at all levels to be targeted to attend groups before ASR is due	FPS SoMs		Group supervision commenced and planned till March 2015
SoM notice boards	FPS SoMs to ensure all SoM notice boards reflect the new model and contain sufficient information on who the active SoMs are in each Health Board, how to contact a SoM and why a woman or midwife may wish to contact a SoM LSAMOs to work with SoMs to develop collage of FPS SoM pictures for board	FPS SoMs LSAMOs		All Supervision notice boards updated across all three sites. 24hr SoM on call visible in all acute and community settings. HDHB website and facebook page to be done
Template letters re change	Midwives LMEs for students	FPS SoM sub group LSAMO		Done
Innovation in SoM Practice	Update action plans for the innovation in practice for the following sub groups <ul style="list-style-type: none"> • Student Midwives • Engaging with women • Profile of supervision • Use of Social Media 	FPS SoMs		
All Wales on call system	To go live from 4 th august 2014 All FPS SoMs to have tested the logging in and logging out process Posters to be printed and circulate FPS SoMs to ensure that the On Call posters are displayed in all appropriate clinical places plus other areas such as switchboard, GP practices, etc.	FPS SoMs	4.8.14	Done
		GF	31.7.14 28.7.14	Done
		FPS SoMs	1.8.14	
Annual leave plans	FPS SoMs to identify and share with the LSA currently booked leave to enable adequate cover to be put in place as needed	FPS SoMs /LSA	1.8.14	DJ and VDJ both submitted
SoM development plans	SoMs to work with the LSAMOs to identify further development needs so that adequate resources can be	FPS SoMs/LSAMOs	1.8.14	Done

	identified to support this			
Regional Admin time	Admin hours needed to support SoMs in local WG offices	LSAMOs	4.8.14	North Wales, Mid and SE appointed
Succession planning	Revisit the FPS recruitment process and identify PoSoM needs for October 14	LSAMOs	17.9.14	In train applications to be with LSA by 14.1.15
LSA & SoM meetings	FPS SoMs no longer called FPS but become SoMs Plan weekly to monthly LSA meetings	FPS SoMs LSAMOs	4.8.14 31.7.14	Done
Active SoM in waiting development	Plan an awareness day for all active SoMs in waiting to enhance their understanding of the SoM in waiting role, the on call rota the revised role of the SoM in line with MRS etc.	LSAMOs and active SoMs	31.7.14	

5 Conclusion

As in previous years the HD HB SoM team have found it challenging to deliver supervision to an equitable standard across the HB patch. This in part was not helped by the existing HB structure then compounded by massive service change from January to August this year. However the SoMs appointed to the new model are passionate about developing supervision in order that midwives are fully supported by a model of proactive supervision. The LSA will work closely with the HD SoMs to ensure there is a robust plan in place to address the areas for development of a supervision model that midwives will be able to describe as visible, timely and responsive.

Whilst the transition to the FPS model has not been an easy one for some individuals everyone embraced the change and supported colleagues who put themselves forward for the FPS model.

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. Already we are seeing improved outcomes in the completion of investigations, increased compliance with the ASR process and achievements and have had much positive feedback from midwives, despite the fact that there was a degree of negativity from some about how successful the project would be.

We look forward to working with the current team of SoMs to further demonstrate that supervision is a valuable resource for the midwifery profession and really does add value to the existing governance structures.



Appendix A

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

Date: Monday 6 January 2014

Location: West Wales General Hospital, Carmarthen

No.	Time	Activity
1	0900	Arrival & Coffee
2	0930	<p>Introduction from the LSA review team</p> <p>LSA MO presentation to set out the purpose of the 13-14 audit process of supervision and the future direction of supervision set out by the NMC</p> <p>To be invited – Director of Nursing Head of Midwifery Contact SoM Local SoMs Administrative support for supervisors of midwives</p>
3	0945	<p>45 minute overview presentation from local SoMs to include;</p> <ol style="list-style-type: none"> 1. Summary of progress in delivering operational plan 2013-2014 2. Control measures for outstanding priority actions by end of quarter 4 to inform 2014-15 plan 3. Examples of Good Practice and achievements of SoM team 4. Examples of local profile of supervision
4	1030	15 min Questions and Answers
5		Break
6	1100	Q3 Pyramid Visit and LSA Listening clinical to verify evidence within the clinical environment
7	1300	Lunch
8	1330	LSA Review team to summarise findings and draft information for report
9	1430	Feedback to HoM and SoMs with overview of day and next steps
10	1500	1:1 HoM and Contact SoM to review Q3 Balance scorecard for specific issues

List of Participants in the Annual Audit process – Hywel Dda HB

Director of Nursing – Apologies

Associate Director of Midwifery – Carole Bell

SoMs:

Julie York Contact SoMs

Linda Leeves, Adele Roberts, Julie Wall, Julie Jenkins, Vicki Dawson-John, Sue Peterson,
Heulwen Harding

Met by the LSA Team

Midwives in clinical areas visited

Student Midwives

Service users

Doctors

Apologies:

Director of Nursing, Julie Henry Delma Thomas (retired)