

Annual LSA Audit & Handover Report

2013-2014

Powys Teaching Health Board

amddiffyn y cyhoedd
trwy oruchwyliaeth
statudol o fydwraedd



protecting the public
through statutory
supervision of midwives

NAME Julie Richards

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 Powys (t) 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 fully implemented. 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 71% (12) of the criteria for the seventeen standards measured were met with **STRONG** evidence, a further 23% (4) were met with **STRONG/MODERATE** evidence and there was just 6% (1) standard where evidence was assessed as being **MODERATE** and development actions will be put in place to strengthen the supervisory function.

The Powys HB SoM appointed to the revised model of supervision will work towards delivering 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 Future Proofing Supervision, 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 further monitor progress 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 NMC 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 Powys (t) HB, took place on 8th 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 Julie Richards LSAMO, supported by experienced SoM, Sue Jose from Cardiff and Vale, Natalie Paisely and Diane Milne LSA Lay Reviewers.
- 2.5 The audit visit began with a brief overview presentation by Julie Richards and was followed by the SoMs PowerPoint presentation giving an overview of Powys 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 Nurse Director, Head of Midwifery, Risk 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 Powys Health Board had 45 midwives and 4 SoMs giving a ratio of 1:11. This small team of SoMs faced pressures on the provision of supervision owing to periods of sickness within the SoM team during 13 -14. The SoMs were able to meet delivery of the core elements of supervision and were supported through interim arrangements from BCU and Cwm Taf Health Board's SoMs for the On Call service to ensure 24 hour access to supervision for midwives in Powys.

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

In the audit year one SoM in Powys HB de selected from the SoM role following a short period of leave of absence. An exit questionnaire was completed by the person exiting the role. The LSA worked closely with the HoM and the SoM team to manage the increasing pressure of resignations and leave of absence on the SoM workload during the lead up to the implementation of the Future Proofing Supervision (FPS) model.

The LSA continued to support the ongoing development of SoMs Rule 8²) through local workshops and engagement events particularly around the proposed 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 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

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.

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). Powys HB SoMs had a continuous compliance of 100% of midwives with an allocated named SoM throughout the year. The average rate of compliance with the ASR process was 97%. The lowest compliance was in quarter one when it fell to 91% with five outstanding ASRs out of 42 midwives. The SoMs ensured that there were immediate plans in place which supported a quick recovery to 98% in quarter two.

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 or very positive. This included whether they found the process of value and if they were afforded appropriate time and privacy for the process. Monitoring the compliance with the ASR process has been an important element of the preparation for the implementation of the FPS model, ensuring that FPS SoMs did not inherit additional work and that SoM records were in a fit state for hand over with up to date and relevant information (see handover plan for detail).

Powys HB SoMs operate a 24hour on call rota across the HB and SoMs rotate the responsibility to ensure access to a SoM for midwives and women is available. The annual audit of on call response rates conducted by the LSA Lay Reviewers in January was very positive with the on call SoM responding within two minutes in office hours and three minutes out of hours.

The LSA MO attended 75% of Powys HB monthly SoM meetings to ensure clear two way communication between the LSA and SoMs on all aspects of the supervisory function. The LSA MO attendance also provides 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.

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

3.1.3 Impact on supervision of midwives working outside of maternity services

Powys HB, like other HB across Wales has a number of practitioners who use their midwifery registration but are not directly employed in a midwifery role. The practitioners in Powys HB who fell in to this category are employed as Health Visitors however they still require a named SoM in order to comply with the NMC requirements. SoMs in Powys HB decided to manage the additional caseload by setting up group supervision for these registrants. This not only made the workload manageable for SoMs but also provided peer support for a group of professionals who may have otherwise found themselves isolated from the midwifery profession and enabled them to benchmark their activity against each other.

3.2 Involving service users in supervision

The Powys HB has a very active Maternity Service Liaison Committee (MSLC) 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 was unable to attend the annual audit day but SoMs shared birth stories with the lay reviewers on how statutory supervision had supported women accessing maternity care in Powys HB.

The LSA lay reviewers were able to engage with women who were using the services of Powys HB during a Pyramid visits by attending Antenatal Education Roadshows. It was encouraging to find, throughout the year, how few service users either had any knowledge of supervision and its purpose or had actually accessed a SoM for advice or support. 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 Powys HB SoM in the new model has been instrumental in setting up the LSA contact with the Community Health Council for Powys so that the LSAMO 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 Powys Health Board Self Assessment Action Plan
Quarterly Progress Report on Team Competency Tool/Audit Recommendations**

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	Powys midwives views of midwifery supervision have been sought using a variation on Comments on our Service (COOS) cards. Unfortunately this has not proven a successful mechanism for feedback Powys SoMs to ensure all midwives are aware of how to feedback views and experiences of supervision through COOS cards by June 2014. Powys Midwives to complete all Wales survey monkey to feedback their views and experiences of supervision.	9	Regular meetings of SoMs are convened to share information and proceedings are recorded STRONG	SoMs meet 6 weekly with clear agenda and action plans. No new planned action
2	Confidential supervisory activities are undertaken in a room that ensures privacy. STRONG	Powys SoMs have ensure that all records are updated ready for handover to FPS model No planned action.	10	Effective mechanisms are in place to ensure that every SoM receives information disseminated by statutory bodies STRONG	All information from HIW, NMC, LSA etc are forwarded by e-mail by Contact SoM to all Supervisors. Where appropriate information also shared with midwives i.e. LSA newsletter
3	SoMs participate in developing policies and evidence-based guidelines for clinical practice. STRONG / MODERATE	Ensure all Supervisors included in guideline reviews and that guidelines reflect the consultation by June 2014. Ensure all Supervisors included in guideline reviews and that guidelines reflect the consultation by June 2014	11	Local Clinical Governance frameworks acknowledge statutory supervision of midwives in their strategies. STRONG	Clinical risk Midwife has ensured the local clinical governance statutory supervision of midwives in their strategies. Need to ensure that this is maintained in preparation for the FPS model
4	All midwives have access to documentation of local guidelines and policies in	Guidelines and policies available on the Powys (t) Health Board Intranet Hard copy of policy folder available	12	An interface between supervision & risk management is evident in the investigation of critical incidents	SoMs to shadow Risk midwife by end March 2014 SoMs to work with risk midwife to review of

	electronic or hard copy. STRONG	in each Birth Centre Updates on guidelines provided by Practice Development Midwife and Clinical Risk Midwife (SoM)		STRONG/MODERATE	perinatal cases
5	Midwives are provided with/ attend skills & drills workshops pertinent to their practice setting as recommended by CEMACH and other national recommendations STRONG/MODERATE	Training database reflects 100% of Powys Midwives attending skills and drills workshops No planned action.	13	Outcomes of investigations of critical incidents are disseminated to inform practice STRONG/MODERATE	As V11 and V12
6 7	SoMs retain records of Supervisory activities Supervisory records are maintained and stored in a secure way STRONG x 2	SoMs undertook a review of all records currently held and removed anything over 8 years old, in accordance with LSA record management recommendations	14	Audit of record keeping of each midwife's records takes place annually. STRONG	Joint record keeping audit to be performed to allow group learning
			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	No new planned action
8	Support is provided for SoMs in their administrative tasks in line with LSA funding STRONG	Due to change in post holder, there has been a gap in dedicated administration support. Post holder now in place and developing in her role	16	SoMs are involved in formulating policies, setting standards and monitoring practice and equipment in the interest of Health and Safety. STRONG	Powys SoMs check all community equipment with each individual midwife at annual midwifery update days. Comments are then fed back where themes arise to the whole group and individual midwives as necessary
17	SoMs make their concerns known to their employer when inadequate resources may compromise public safety in the maternity services. STRONG/MODERATE	Evidence of concerns raised by SOM's to discuss and propose safer staffing during a period of staff absence. SoMs to monitor impact of staffing levels			

3.2.2 In summary the annual audit of supervision in Powys HB showed that the HB met all 17 standards set by the NMC. Twelve, 71% of standards were met with strong evidence, a further five, 23% of standards were demonstrated as being met with strong to moderate evidence and only one standard, 6% was measured as having moderate evidence. The SoM team had completed a self assessment prior to the audit visit and where they considered their evidence was less robust they identified appropriate improvement action to ensure the standard develops further in the coming year. The action planning supports the FPS SoMs to focus on what needs to be done as a matter of priority 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 an 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 Health Board 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 war 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

SoMs and midwives spoke highly of the workshop organised with Welsh Health Legal services on reviewing records for complex cases

Midwives reported positively on the group session arranged to review an incident together and share the lessons to be learnt in a supportive discussional environment.

The SoM team had prepared well for the new model in frequent communication with midwives and reviewing SoM records for archive.

Quarter 2 Pyramid Visit for North Powys Antenatal Education roadshow, Welshpool Birth Centre and Llandrindod Wells Birth Centre

Good Practice

- High standard of information for women and families on very well designed notice boards. In particular the emphasis on pain relief, positioning and the acronym for encouraging normal labour in Welshpool birth centre
- There is good information on display in regards to supervision and it is good to see the areas of interest for each SoM.
- The antenatal education road show was an informative and well attended event which mums found very useful.
- Midwives were well supported and informed with clear access to policies and used local SoMs well.

Areas for improvement

- As a matter of priority, improvements are needed in Llandrindod Wells Birth Centre to be a safe, modern and user friendly environment. In a time where women in other areas have access to purpose-built MLUs with full provision of safe, private care in a warm and welcoming environment, the facilities and birthing environment in Llandrindod are inadequate.
- To evidence how SoMs in Powys are influencing change in services, improvements in environments and care.
- SoMs to influence the availability of water birth facilities for all Birth Centre environments in Powys

Quarter 3 Brecon Birth Centre as part of LSA audit visit

Good Practice

- Brecon Midwives awarded Excellence in Supporting Learning in Professional Practice by South Wales university for their mentorship and support to student midwives
- High standard of information for women and families on very well designed and well kept notice boards
- A well ordered, clean, tidy and calm environment where staff demonstrated a high level of professionalism in their work and their approach to women was good.
- Staff the LSA team spoke to in the clinical area were well informed about ward procedures, accessing policies and how to contact a SoM

Areas for ongoing development from LSA audit visit

- SoMs to continue to attend neighbouring DGH SoM meetings. LSAMO provided dates of forthcoming meetings
- SoMs and midwives to continue to benefit from external opportunities with links with neighbouring DGHs

4 Powys (t) 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	July 2014	Complete
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	Complete
Handover of SoM caseloads	LSADB appropriately annotated and 1:1 meetings arranged where required	All SoMs		One Midwife opted to seek SoM support outside Powys
Sharing existing resources	Letters re group supervision, posters etc.	JH, KR, JL	July	
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	Work ongoing – Julie Jones Admin support scanning all previous supervisory documents
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	Complete
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		Complete
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	All SoMs		Complete

	appropriate time			
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		Complete
Increasing visibility and raising the profile of the revised model	Walking the patch both in acute and community settings FPS SoMs to ensure that the At all glance what's changing posters are displayed in all appropriate clinical places in acute and community settings	FPS SoMs	August 2014	Complete
Group Supervision sessions	Group supervision should be planned until march 2015 Midwives at all levels to be actively targeted to attend groups before their ASR is due	FPS SoMs		Complete
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 a collage of FPS SoM pictures for each notice board	FPS SoMs LSAMOs		To be updated with Marketing and Profile information – Completed November 2014
Template letters re change	Midwives LMEs for students	FPS SoM sub group LSAMO	August 2014	Complete
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		Engagement with women action plan developed and sent to SoM team for discussion prior to implementation

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	Complete
		GF	31.7.14 28.7.14	Complete
		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	Complete
SoM development plans	SoMs to work with the LSAMOs to identify further development needs so that adequate resources can be identified to support this	FPS SoMs/LSAMOs	30.9.14	Complete
Regional Admin time	Admin hours needed to support SoMs in local WG offices	LSAMOs	4.8.14	North and South Wales Administrative support 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 16.01.15
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	Complete
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	Complete

5 Conclusion

As in previous years the Powys (t)HB SoM team have worked hard to deliver supervision to a high standard consistently across the geographical area. The annual audit process is testament to their achievements in year. SoMs have been noticeable in providing strong leadership and built on the interface with the governance agenda, evidenced by their strong links with the Health Board quality and safety unit. The SoM team prepared well for the implementation of the new model by ensuring SoM records were appropriately sorted ready to archive where needed.

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 development of a good self assessment action plan for the annual audit of supervision, as well as the contributions the whole team have made to the shadowing and hand over plan has put the SoMs in the revised model in a strong position to drive further improvement forward in the coming months.

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 does really add value to the existing governance structures.



Appendix A

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

Date: Wednesday 8 January 2014

Location: Birth Centres for Brecon and Llandrindod Wells

LSA Review, Police Station Community room, Llandrindod Wells

No.	Time	Activity
1	0900	Arrival & Coffee at Brecon Birth Centre
2	0915	Q3 Pyramid Visit and LSA Listening clinic to verify evidence for clinical environment for Brecon Birth Centre
3	1000	Travel to Llandrindod Wells
4	1100	Introduction from the LSA review team 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 To be invited – Director of Nursing Head of Midwifery Contact SoM Local SoMs Administrative support for supervisors of midwives
5	1115	45 minute overview presentation from local SoMs to include; 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	1200	15 min Questions and Answers
5	1215	1:1 HoM and Contact SoM to review Q3 Balance scorecard for specific issues
6	1245	Lunch
7	1315	LSA Review team to summarise findings and draft information for report
8	1400	Q3 Pyramid Visit and LSA Listening clinic to verify evidence with North and South Powys midwives at start of joint shire meeting (30 mins)
9	1500	Feedback to HoM and SoMs with overview of day and next steps

List of Participants in the Annual Audit process – Powys HB

Director of Nursing – Carol Shilabeer

Head of Midwifery – Cate Langley

Senior Midwifery Manager/ Contact SoM – Dawn Davies

Risk Co-ordinator / Senior Midwifery Manager/SoM – Donna Owen

Members of the SoM team - Sara McAleese

Secretarial support for SoM – Emma Carmichael

Met by the LSA Team

Midwives from across the birth centre in Brecon

Student Midwife in Brecon Birth Centre

Apologies:

None known