



Annual LSA Audit Report 2015-2016

Abertawe Bro Morgannwg University Health Board

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1 Executive Summary

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

fully implemented. It will provide highlights of the provision of the current model of supervision which has taken supervision forward to be a high quality, timely and effective service provision.

1.7 Overview

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

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

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

This report will be published on the HIW website in due course subject to translation at **www.hiw.org.uk**.

2 Introduction

- 2.1 It is expected that Supervisors of Midwives (SoMs) work to NMC standards to empower midwives to practise safely and effectively and thereby enhance public protection. Each year the Local Supervising Authority (LSA) is required to submit a written annual report to the Nursing and Midwifery Council (NMC) to notify it about activities, key issues, good practice and trends affecting maternity services in its area. To inform this process the LSA Midwifery Officer (LSA MO) will undertake audits of maternity services within their area.
- 2.2 The process for the audit of the LSA standards takes a peer review approach against all NMC standards followed by an audit visit from the LSA team to verify evidence submitted against the standards set by the NMC. The review team consisted of the named LSA MO, at least one LSA Lay Reviewer and an experienced SoM from a neighbouring Health Board. This enables a team approach to audit, provides opportunity for peer review and benchmarking as well as supporting the sharing of best practice. The inclusion of the LSA lay reviewers within the team ensures the user perspective throughout the audit process which was welcomed at all levels.
- 2.3 The audit visit for ABMUHB Health Board, took place on 20th and 21st October 2015 as planned. Key personnel were invited to attend as well as the Health Board supervisory team (**Appendix A – Programme**). The LSA MO will undertake a quarterly Pyramid visit in Q3 to review progress with the improvements as part of the annual audit cycle. Individual feedback reports were provided to the Head of Midwifery (HoM) immediately following the visit identifying areas of good practice or raising awareness where development was needed.
- 2.4 The annual audit was conducted by Julie Richards LSA MO, supported by experienced SoM Lindsey Hilldrup from Cardiff and Vale Health Board, Lindsey Phillips LSA Lay Reviewers and student SoM Angharad Oyler
- 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 ABMUHB, supervisory activities and 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 Nurse Director, Head of Midwifery, Risk Midwife, SoMs, midwives, student midwives and service users (**Appendix B – Attendees**).

3 Audit Findings

Summary of LSA audit findings – risk and benefit realisation

The SoM team met all NMC standards with an area of improvement highlighted for the LSA

Summary of Key Findings		
Relevant LSA / Midwives Standard	Key Risk / Control	Outcome <i>Met, Not Met, Requires Improvement</i>
Rule 4: Notification of Intention to Practice (ItP)	<p>Accurate information and ItPs are submitted on an annual basis or for new employees before midwives commence practice</p> <p>Accurate LSA database records are completed for midwives leaving the organisation</p>	Met – there was evidence of monthly returns for ItP submission for new starters and completion of midwives leaving the organisation
Rule 6: Retention of Records	Midwives comply with systems designed to accurately and securely store clinical records for 25 years	Met – there was evidence in the clinical areas that there was a process for clinical records to be securely stored for 25 years
Rule 8: Supervisor of Midwives	Student SoMs are adequately recruited and supported following successful completion of the preparation of SoM programme	Met- the Student SoM had been supported following completion of the preparation programme with a preceptorship plan in place to support development as a newly appointed SoM. A selection process had recently been undertaken for the Autumn programme in line with UKLSAMO national guidance
Rule 9: Adequate resources within recommended ratio	<p>SoM ratios remain within recommended ratio of 1 SoM to 15 midwives</p> <p>SoMs have adequate resources to support them in their role</p>	<p>Met- there are adequate resources to meet the recommended ratio of 1 SoM to 15 midwives. The SoMs are well supported to work across all areas within the Health Board.</p> <p>Recommended Improvement to the LSA. The SoM team escalated concerns for the ongoing challenges that they face with efficient and adequate administrative support from the LSA which is impacting on the effectiveness of the delivery as a SoM</p>
Rule 9: ASR compliance	Annual Supervisory Review is undertaken for each midwife to evidence how a midwife has met the NMC requirements to	Met- there was 100% compliance with the ASR process at the time of the audit visit. The SoM team are to be

	maintain their midwifery registration	commended for sustaining 100% at each quarterly scorecard review for the last 12 months
Rule 10: SoM investigation process	SoMs undertake supervisory investigations in an open, fair and timely manner SoMs support midwives to complete relevant recommendations for reflection, local action plans or LSA practice programmes	Met- overall, SoM investigations were undertaken in an open, fair and timely manner with local SoM support to complete relevant recommendations

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 2015, 16 full time SoMs were in post and 1,786 midwives had notified the LSA of their Intention to Practice (ItP) giving an all Wales ratio of 1:11. For Abertawe Bro Morgannwg University Health Board there were 300 midwives and 2.2 wte SoMs, giving an adjusted ratio of 1:12.

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

On the implementation of the model, the 2.2 wte SoM team was made up of three SoMs. In August 2015, one of the SoMs completed her rotational period and returned to her substantive role. She has been succeeded by a preparation of supervisor of midwives (PoSoM) student who is currently being supported by ABMUHB to undertake a preceptor period for one day a week. It is anticipated the PoSoM student will be appointed as a SoM in November 2015 when she will join the SoM team for three days per week.

The LSA has run a selection process for the final PoSoM programme commencing in Autumn 2015 and there was 1 applicant for ABMUHB who is being supported to undertake the programme. There is also 1 SoM in waiting who will rotate into the role in February 2016. Overall this will ensure sufficient SoM resources for a rotational plan until March 2017 whilst awaiting direction from the NMC in regards to a timeframe for the changes in the provision for statutory supervision.

¹ NMC Midwives rules and standards (2012)

3.1.2 Mechanisms for continuous access to a supervisor of midwives

Rule 9² sets out the requirements for the supervision of midwives and as a minimum each midwife must have a named SoM who she meets with at least once per year for an annual supervisory review (ASR). During 14 -15, the average rate of compliance with the ASR meetings has been sustained at 100 % across the audit year. The current ASR compliance at the time of audit was 100% and the SoM team should be congratulated on their continually work to maintained a high level of compliance.

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, 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 current model. The LSA has recognised the need to ensure that rotational 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 when SoMs exit from the role.

During the 2014/15 audit, a number of challenges with group supervision were identified, namely:

- ensuring all midwives can attend a group supervision session
- making sure midwives from different teams are present at each group supervision
- ensuring a consistent approach from supervisors across Wales.

All midwives interviewed during the audit process had attended a group supervision session. On the whole, they were positive about the group supervision process, though many had only experienced it once during the early implementation of the new model and were yet to attend their session for this year. Many had participated in a group that was made up of midwives with different levels of experience and who work in different environments, who found this largely positive. Quite a few concerns were raised about the revalidation process, though these appeared to be largely founded on lack of knowledge when further questioned. Further awareness raising on the requirements of revalidation will be required amongst midwives to reassure them that the process is largely an extended requirement of current practice.

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

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

service users, members of the public or midwives, are written up in SBAR format (A format that records the Situation, Background, Assessment and Recommendations for any issue). The trends and themes are collated on a monthly basis and a six month report was provided to each Head of Midwifery in April 2015. In the last 12 months, there have been 155 calls to the all Wales 24 hour on call number. Of these, 27 have been from contacts within ABMUHB. Overall, calls appear to be appropriate and the majority of the SBAR contacts are shared with the Head of Midwifery and local SoM team to follow up as needed.

The telephone audit of on call response rates conducted by the LSA Lay Reviewers in January 2015 found that four of the clinical areas for the ABMUHB provided the correct on call number when contacted via the switchboard. A follow up testing of the on call service was undertaken as part of the annual LSA audit process and this found that two of the switchboard areas did not routinely provide the all Wales contact number. The local SoM team have swiftly addressed these findings and will continue to raise awareness of the all Wales on call number.

The public visibility of SoMs was reviewed during the audit, including a review of notice boards, social media, web site information, and contacting the health board general numbers to try and access a SoM. The following opportunities for improvement were identified with respect to public engagement and visibility of SOMs:

- Health Board website – information about Supervision is quite hard to locate and a link to the 'Are we delivering?' leaflet would be helpful. A search for Supervision within the web site links to a very outdated newsletter and this link should be replaced
- Health Board Facebook page has no information about Supervision and there is an opportunity here to further promote Supervision. Whilst there are information boards in various areas, there is more scope to make the boards more prominent and more appealing in all maternity areas
- There were no 'Are we delivering?' leaflets found in any public areas of the hospitals, and these could be made more widely available
- The Trust-wide posters for general user feedback are very prominent throughout the facilities visited, and offer a strong opportunity to promote SoMs by adding details to these posters in relevant maternity areas.

The LSA Midwifery Officers met on a quarterly basis, with ABMUHB HoM, and local SoM team to review compliance with the NMC standards using a quarterly scorecard. The local SoMs team held monthly meetings with the HoM to ensure clear two way communication on all aspects of the supervisory function. The LSA hold performance management meetings

with SoMs from across Wales. This monthly gathering, whilst chiefly about managing the compliance with the KPIs set out in the service specification, also enables SoMs to build a cohesive team and form a supportive network. The LSA MO engagement provided an opportunity to offer additional advice and support to SoMs in relation to service matters that may be relevant to public protection, as well as allowing the LSA to oversee SoMs planning and implementing their ongoing work plans.

3.2 Involving service users in supervision and LSA Lay Reviewers perspective

The lay reviewer participated fully in the audit process and was particularly interested in understanding the perspectives of women and their families who use the maternity services, and building on the findings of the 2014-15 audit. This audit had focussed specifically on three areas: the experiences and satisfaction of women who had contacted a supervisor; the accessibility of supervisors of midwives to women and their families; and the effectiveness of group supervision and CPD.

During the course of the audit, the lay reviewer spoke to 16 women (and their families in some instances) in the ante-natal clinic, labour ward, Midwife Led Unit and postnatal wards in two hospitals. The awareness amongst women of supervisors of midwives and the role they can play to support women remains low with only one of the 16 women recognising the term 'supervisor of midwives'. Given this lack of knowledge about supervision amongst the women and families approached during this audit, no assessment of the satisfaction of women contacting a supervisor was made. Interestingly, nine women were approached in the waiting room of the ante natal clinic, where there was a very visible Supervisors of Midwives information board, and yet not one of them recognised the term.

Every woman / family approached on the wards during the audit expressed satisfaction with the care they had received, including those experiencing high risk births. Furthermore, all of the clinical areas visited during the audit were clean, tidy and well equipped.

The Chair of the ABMUHB Maternity Services Liaison Committee (MSLC), was not available to attend the audit, however, minutes of recent MSLC meetings were reviewed and revealed that Supervisors of Midwives participate actively in the MSLC meetings. Discussions with the Community Health Council revealed that further links could be established with SoMs to increase their visibility within the Community Health Council.

3.3 Engaging with student midwives

As part of the audit evidence, the SoM provided a SBAR on how they had engaged with Swansea University as one of their HEIs. The SBAR report provided the detail of a number of activities that the SoM had been able to offer to ensure that student midwives are familiar with

the concept and importance of supervision in preparation for registration as a midwife. The number of opportunities to experience supervision in action included a number of SoM presentations to the learning sessions at the university and student midwives being encouraged to attend group Annual Supervisory Reviews with their mentors. The SoM team had not been able to evidence the same level of engagement for South Wales University, and student midwives from this HEI were not able to describe their exposure to supervision during the audit visit.

Investigation process

Seven SoM Investigations were undertaken or completed within the 12 month period from the 1st August 2014 to 1st August 2015. Three were for incidents prior to 4th August 2014 and were notified to the SoM team within the first month of the new model going live. The local SoM team provided robust evidence of the measurements they take to ensure local SoM investigations are undertaken within the 45 day period. Of the seven investigations undertaken, five of these had been completed within 45 days. The two which required more than 45 days were related to midwife sickness or involving the family. It was raised during the audit visit that the Health Board would value the LSA Quarterly Scorecard including Health Board specific information for the timeliness of the SoM investigation process rather reflecting an all Wales position.

The Health Board and SoM team were able to evidence the emphasis on closing the loop from the investigation process with proactive review of the lessons learnt at a monthly senior midwife and SoM meeting. There was a strong interface with the governance team and the direction of travel is to link the SoM process with employment led procedures. The SoM team used the preparation for the audit visit to ensure all records for reflective action forms, local action plans and LSA practice programmes have been uploaded to the LSA database.

3.3 Notable and Innovative Practice

- The SoM team provide the Head of Midwifery, Senior Midwives and Midwives a themes and trends report from the ASR process. This was seen as notable practice that the local SoM team can share across Wales.
- The SoM team had been innovative in devising a learning session for the annual mandatory training session which involved all midwives looking at a complaint and how the lessons to be learnt match the NMC Code (2015). This was recognised as a valuable learning tool that should be shared with other SoMs across Wales.

- The SoM team had devised a visual reference checklist on the lessons to be learnt from the Kirkup report and how assurance could be provided that the same issues did not apply locally. This was recognised as being a simple method of quickly conveying the key messages from Kirkup.
- The SoM team provide a summary of all incidents and lessons to be learnt from SoM investigations at the monthly Leads plus meeting.

In summary the annual audit of supervision in ABMUHB has demonstrated that all NMC standards are “Met”.

Areas of improvement

The audit visit identified the following areas where further development may enhance the quality and effectiveness of supervision:

- Health Board website to include a link for the user leaflet “Are we delivering”.
- New and rotational SoMs would like to continue to benefit from strategic coaching and development.
- Strengthening links with South Wales University to meet the KPI for student midwives.
- SoMs to actively support the revalidation agenda.

The audit visit highlighted areas for the LSA to consider:

- The effectiveness and quality of the current SoM admin provision
- The value of the annual CPD event from Bond Solon for investigation report writing
- Whether the Quarterly Scorecard should include Health Board specific information for the timeliness of SoM investigation process, rather than a Wales wide position
- The value of some of the current SoMs remaining within the model longer than their planned 18-24month rotation period to offer support and expertise for the transition period

4 Conclusion

The LSA is grateful to all SoMs both past and present for their input and commitment to the delivery of statutory supervision and the contribution SoMs make to supporting midwives to support women. We believe the revised model of supervision in Wales, provided by a team of SoMs whose only role is supervision can only be for the better. Since the implementation of the new model there are improved outcomes in the completion of investigations, increased compliance with the ASR process and 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.

The local SoM team were consistently described as highly visible, accessible and approachable. They are clearly engaged with all relevant stakeholders and making excellent contributions to the all Wales agenda. The annual audit process is testament to ABMUHB achievements in year. There a number of areas of notable practice that the audit team have recommended and that the ABMUHB SoM team should share as good practice across Wales. These include the learning session where the NMC Code is used to learn from a complaint, a summary document to discuss the Kirkup report recommendations at the ASR process and the regularly monthly discussions for lessons learnt with Senior Midwives. The audit team have encouraged the Health Board and the SoM team to consider showcasing these achievements within Health Board Chairman's award and recognition events.

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

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

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



Appendix A

Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

Date: 20th and 21st October 2015

Location: Tuesday, 20th October 2015 – Neath Port Talbot Hospital
Wednesday, 21st October 2015 – Princess of Wales Hospital

Neath Port Talbot Hospital - Day 1 Parentcraft Room AM		
No.	Time	Activity
1	9.30am	Arrival & Coffee
2	10am	Introduction from the LSA review team LSA MO presentation to set out the purpose of the 15-16 audit process of supervision and the future direction of supervision set out by the NMC Invited: Director of Nursing Head of Midwifery and Senior Midwives Clinical Director Health Board and Maternity Governance / Risk leads Lead Midwife for Education MSLC Chair/CHC link for maternity services Work Place representatives SoMs in waiting and PoSoMs
3	10.30am	15 minute overview presentation and storyboard from local SoMs to include: 1. Summary of progress in delivering KPIs for 2015-2016 2. Examples of Good Practice and achievements of local SoM team 3. Examples of learning the lessons / closing the loop from supervision investigations 4. Benchmark against lessons learnt from Guernsey and Kirkup 15 min Questions and Answers
4	11.00am	Break
5	11.15am	<u>Review team A</u> meet with Associate Director of Nursing <u>Review team B</u> meet with CHC Link
6	11.45am (1 hour)	Review of Q2 scorecard with Head of Midwifery and local SoM team (Review team A)
	11.45am	Review team B meet with Maternity Governance Lead & Risk Midwife
	12.15pm	Review team B meet with Link roles for Education

	12.45pm	Review team A meet with 3 midwives	
	13.15pm	Lunch	
Day 1 - Tuesday, 20th October 2015 - PM Clinical to verify evidence within the clinical environment			
	2 pm	<u>Review team A</u> to review evidence	<u>Review team B</u> visit NPT Birth Centre and Antenatal Clinic and meet Consultant Midwife
	3.15pm	Coffee	Coffee
	3.30 until 5pm	Review teams convene to consider NMC standards and notable practice	

Princess of Wales Hospital - Day 2 Wednesday 21st October 2015 Maternity Seminar Room - AM			
1	9.00am	Arrival & Coffee	
	0930	<u>Review team B</u> meet with Carolyn Williams, Lead Midwife	<u>Review team A</u> meet with Dawn Apsee, Intrapartum Lead Midwife
	10.30am	<u>Review team A</u> with PoSoM	<u>Review team B</u> Visit to Antenatal Clinic
Coffee			
	11.15 am	<u>Review team A</u> meet with 2 x Band 7 midwives: - Labour Ward Coordinator - Ward 12 Sister	<u>Review team B</u> meet with 4 x midwives: - 2 hospital midwives - 2 community midwives
	11.45am	<u>Review team A</u> meet with Student Midwives (S. Wales University)	<u>Review team B</u> meet with Volunteers /parents
	12.15pm	Lunch	
	1.15pm	LSA Review teams to summarise findings and draft information for report	
	2 pm	Feedback to HoM and SoMs with overview of day and next steps	

Appendix B

List of Participants in the Annual Audit process – Abertawe Bro Morgannwg University Health Board

Associate Director of Nursing – Cathy Dowling

Head of Midwifery – Jane Phillips

Senior Midwifery Manager- Lesley Owen

Senior Midwifery Manager- Carolyn Williams

Senior Midwifery Manager- Carole Christie

Consultant Midwife- Sarah Fox

Governance Lead- Susan Williams

Risk / Governance Midwife- Kathy Greaves

Practice Development / Facilitators- Louise Williams and Nicola Court

Community Health Council Maternity Link – Margaret Buckley

Members of the SoM team

Karen Evans

Wendy Sunderland Evans

Becky Lewis

Kathy Greaves (SoM in waiting)

Bryany Tweedle Dale (student SoM)

Met by the LSA Team

Midwives & Intrapartum leads within Neath and Bridgend clinical areas

Student Midwives

Apologies: Rory Farrell, Director of Nursing
Kath Harbisher, MSLC Chair