



# Annual LSA Audit Report 2015-2016

## Aneurin Bevan 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 4<sup>th</sup> 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, 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 Aneurin Bevan University Health Board (ABUHB) 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 Aneurin Bevan University Health Board (ABUHB) SoMs appointed to the revised model of supervision focused on delivering the Key Performance Indicators (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 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](http://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 ABUHB, took place on 6<sup>th</sup> and 7<sup>th</sup> October 2015 as planned. Key personnel were invited to attend as well as the Health Board supervisory team (**Appendix A –Audit Programme**). The LSA MO will undertake a quarterly Pyramid visit audit 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 Wendy Sunderland Evans from Abertawe bro Morgannwg University Health Board ABMUHB, Liz David LSA Lay Reviewers and student SoM Alison Jones.
- 2.5 The audit visit began with a brief overview presentation by Julie Richards and was followed by the SoM's PowerPoint presentation giving an overview of ABUHB, the team 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 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 SoM team

Summary of Key Findings		
Relevant LSA / Midwives Standard	Key Risk / Control	Outcome <i>Met, Not Met, Requires Improvement</i>
<b>Rule 4: Notification of Intention to Practice</b>	<p>Accurate information and completion of 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>	<b>Met</b> – there was evidence of monthly returns for ItP submission for new starters and completion of midwives leaving the organisation
<b>Rule 6: Retention of Records</b>	Midwives comply with systems designed to accurately and securely store clinical records for 25 years	<b>Met</b> – there was evidence in the clinical areas that there was a process for clinical records to be securely stored for 25 years
<b>Rule 8: Supervisor of Midwives</b>	Student SoMs are adequately recruited and supported following successful completion of the preparation of SoM programme	<b>Met-</b> 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
<b>Rule 9: Adequate resources within recommended ratio</b>	<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>	<b>Met-</b> 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.
<b>Rule 9: ASR compliance</b>	Annual Supervisor Review (ASR) is undertaken for each midwife to evidence how they have met the NMC requirements to maintain their midwifery registration	<b>Met-</b> there was 100% compliance with the ASR process at the time of the audit visit. The SoM team identified an area for improvement to ensure full ASR records are uploaded to the LSA database
<b>Rule 10: SoM investigation process</b>	<p>SoMs undertake supervisory investigations in an open, fair and timely manner</p> <p>SoMs support midwives to complete relevant recommendations for reflection,</p>	<b>Met-</b> 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 9<sup>1</sup> 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 31<sup>st</sup> 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 ABUHB there were 300 midwives and 2.4 wte SoMs giving an adjusted ratio of 1:11.

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

On the implementation of the model, the 2.4 wte SoM team was made of up three SoMs. In June 2015, one of the SoMs was successful with career development to a Senior Midwife so a SoM in Waiting brought forward her rotational period. The Health Board has supported a midwife to undertake the Preparation of SoM programme (PoSoM) which completed in September 2015. At this time, a further SoM from the existing team has been successful in securing a midwifery practitioner role and so the new PoSoM is currently being supported to undertake a preceptorship period as part of the team.

The LSA ran a selection process for the final PoSoM programme for the Autumn 2015 intake and there were 3 successful applicants for ABUHB. All 3 are being supported by the Health Board to undertake the programme. This will ensure sufficient SoM resources for a rotational plan until March 2017 whilst awaiting direction from the NMC in regards to a timeframe for the changes in the provision for statutory supervision.

#### **3.1.2 Mechanisms for continuous access to a supervisor of midwives**

Rule 9<sup>2</sup> 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 2014 -15, the average rate of compliance with the ASR meetings was 98% across the audit year. The current ASR compliance at the time of audit was 100%. In preparation for the audit visit the SoM team identified that whilst the date for the ASR meeting for each midwife was entered into the LSA database, this was not always

<sup>1</sup> NMC Midwives rules and standards (2012)

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

supported with the full ASR documentation being uploaded.

The LSA encourages ASRs to be completed electronically and the proformas are then stored on the national LSA database. The SoM team recognised that they needed to take immediate action to ensure effective record storage to support their strong ASR compliance. The SoM team had devised an improvement plan to address this shortcoming.

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 do 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.

Following on from the 2014-15 audit, evidence was sought that the main challenges in delivering group supervision had been resolved. The challenges identified were: ensuring all midwives could attend a group supervision session; that midwives from different teams are present at each group supervision; and that supervisors of midwives had a consistent approach across Wales. We found the vast majority of midwives had completed their ASR through group supervision and all discussed the benefits of having a range of midwives from different teams as part of the supervision process. The supervisors were able to describe a training session which supported the development of a consistent approach to delivering supervision and from which new guidelines are being developed. We were satisfied that the challenges identified last year had been addressed and overcome.

The 2014-15 audit found a number of benefits and opportunities provided by group supervision including:

- enhanced effectiveness of supervision through opportunities to further enhance the protection of the public
- Shared learning
- greater awareness of the requirements of revalidation
- improving the quality of portfolios
- creating opportunities for women's feedback to be included within continuing professional development.

During this audit visit we looked for further evidence of these and other benefits.

The vast majority of midwives preferred the group supervision model to the previous one to one sessions and primarily cited the opportunity for shared learning and a greater understanding of their colleagues' roles. One interviewee felt the group model helped midwives understand the woman's journey through maternity services better. The SoM gave

an example of a situation which had been addressed through group supervision and led to the enhancement of the protection of the public. Midwives also recognised the power of the collective voice through group supervision. The effectiveness of the group supervision model had been identified by the Safeguarding midwife who is implementing the group supervision model for safeguarding supervision.

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 to have 24 hour access to a SoM and to ensure a SoM is available to women accessing maternity services to offer guidance and support (NMC 2012). A central number is provided for contact, and all contacts, whether from service users, members of the public or midwives, are written up in SBAR format (a format that describes 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. 13 of these calls have been from contacts within ABUHB. Overall, all 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 two of the clinical areas for the ABUHB provided the correct on call number when contacted via the switchboard. The on-call number was correctly given and there was a good description of the role of supervisors of midwives. Some of this information was out of date and the addition of examples of when it is appropriate for a woman or her family to contact a supervisor would enhance the effectiveness of the boards. The “*Are we delivering*” information leaflet was available on some boards but not in any of the information racks or elsewhere in either of the two locations we visited. Making this leaflet more widely available and placing an information board in the antenatal clinic would help raise awareness of supervision.

The LSA Midwifery Officers met on a quarterly basis, with ABUHB Head of Midwifery ( 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 all aspects of the supervisory function. The LSA holds 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.

The lay reviewer spoke to six women on the postnatal wards in two locations and to the chair person of the Maternity Services Liaison Committee (MSLC), as well as to a number of midwives and the SoM team. The awareness amongst women of supervisors of midwives and the role they can play to support women remains low with none of the women we spoke with recognising the term, “supervisor of midwives”. All the women were very happy with the care they had received in the community and on the labour, delivery and post natal wards. One woman had a concern which was referred to a supervisor during the visit and this was resolved at the time. The chair of the MSLC confirmed that the supervisors are regular attendees at the MSLC meetings and described a recent meeting where a discussion about birth choices had included the supervisor of midwives. The supervisors of midwives were able to describe a number of occasions when they had spoken with women, and the most common reason for contact remains women who want to plan a birth outside the normal pathways. There is clear evidence of the availability to women of the supervisors. This audit did not assess the satisfaction of women who had contacted a supervisor.

Supervisors of midwives’ boards are publicly available in all areas of the maternity services with the exception of the antenatal clinic at Royal Gwent Hospital and they are compliant with the All Wales agreed format. The accessibility of supervisors of midwives to women has improved and is good. The Aneurin Bevan website section relating to supervisors of midwives is now much more focussed on information appropriate to a woman and her family and provides the correct on-call number. This is a significant improvement on last year. The addition of a link to the Wales “Are we delivering?” leaflet would be useful.

### **3.3 Engaging with student midwives**

As part of the audit evidence, the SoMs provided evidence on how they had engaged with Cardiff University and South Wales University as their HEIs. The evidence provided the detail of the 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 recognise that they need to increase the level of engagement for South Wales University.

### **3.4 Investigation process**

Eight SoM Investigations were undertaken or completed within the 12 month period from the 1st August 2014 to 1st August 2015. The local SoM team provided robust evidence of the measurements they take to ensure local SoM investigations are undertaken within the 45 day period. 3 of the 8 investigations undertaken exceeded the 45 days timeframe. ABUHB would recommend the LSA to consider the lessons learnt on the time taken by the external SoMs undertaking these investigations and the impact this has had on the lessons learnt for the midwives involved. The timeliness of the process for 1 investigation also led to the family meeting with the ABUHB representative and the external investigating SoM for separate meetings.

The review team felt that there was a culture of non-judgement and impartiality with a supportive approach to investigations. 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 direction of travel 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. The HoM has prepared a paper on the lessons to be learnt from Kirkup which has been presented to the Health Board Quality and Safety Committee.

### **3.5 Notable and Innovative Practice**

- The SoM team has been nominated as Health Board team of the year
- The SoM team have played a central role in the Nursing and Midwifery Council Pilot project for Revalidation. Their contribution through group supervision of portfolio creation and development and explanations of the requirement to revalidate has prepared midwives for the transition. The ABUHB SoMs have shared their learning with the All Wales team to cascade the learning across the country
- The effectiveness of the group supervision model had been identified by the Safeguarding midwife who is implementing the group supervision model for safeguarding supervision.

- The ABUHB website pages relating to supervisors of midwives are now much more focused on information appropriate to a woman and her family and provide the correct on- call number. This is a significant improvement on last year.

### **3.6 Areas of improvement**

- The SoM team need to work with existing SoM colleagues to ensure all ASR documents in the last 12 months have been successfully uploaded to the LSA database.
- Introduce an individual exit meeting with each SoM as they rotate from the role to ensure all documentation and records meet NMC compliance
- Improvement to the SoM investigation process to ensure that all meetings with the family are jointly held with the Health Board and the Investigating SoM
- The addition to the website of a link to the Wales supervision “Are we delivering?” leaflet would be useful
- Timely set up for ICT to support transition from PoSoM to appointed SoM

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

## 4 Conclusion

The LSA is grateful to all SoMs both past and present for their input and commitment to the delivery of statutory supervision and the contribution SoMs make to supporting midwives to support women. We believe the revised model of supervision in Wales, provided by a team of SoMs whose only role is supervision can only be for the better. Since the implementation of the new model there are improved outcomes in the completion of investigations, increased compliance with the ASR process. Positive feedback has been received from midwives regarding the new model for supervision, particularly group supervision for the ASR, which is welcome due to 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 and there appears to be greater clarity of responsibilities and accountability. The SoM team are clearly working in collaboration with all relevant stakeholders and making excellent contributions to the all Wales agenda. The annual audit process is testament to ABUHB achievements during the year and congratulations to the SoM team for the nomination as Health Board team of the year. There are a number of areas of notable practice that the audit team have recommended that the ABHB SoM team should share as good practice across Wales. These include their engaging of supervision with the preparation for Revalidation and the focus on the quality of portfolios. It is notable that the effectiveness of the group supervision model had been identified by the Safeguarding midwife who is implementing the group supervision model for safeguarding supervision.

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 continue to work closely with HoMs and workplace representatives across Wales to align the SoM investigation process closer with the organisational governance and management process. 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:** 6th October 2015

**Location:** Parent craft room, Neville Hall Hospital, Abergavenny

		<b>Day 1</b>	
<b>No.</b>	<b>Time</b>	<b>Activity</b>	
<b>1</b>	09:00	<b>Arrival &amp; Coffee</b>	
<b>2</b>	09:30	<p>Introduction from the LSA review team</p> <p>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</p> <p>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</p>	
<b>3</b>	10:00	<p>15 minute overview presentation and storyboard from local SoMs to include:</p> <ol style="list-style-type: none"> <li>1. Summary of progress in delivering KPIs for 2015-2016</li> <li>2. Examples of Good Practice and achievements of local SoM team</li> <li>3. Examples of learning the lessons / closing the loop from supervision investigations</li> <li>4. Benchmark against lessons learnt from Guernsey and Kirkup</li> </ol> <p>15 min Questions and Answers</p>	
<b>4</b>	10:30-11:00	<b>Break</b>	
		Review team A	Review team B
<b>5</b>	11:30	PoSoMs – Suzanne Collins, Elaine Derrick and Sue Rees	Sam Davies – MSLC chair
<b>6</b>	12:00	Meeting: Jayne Beasley -Senior Midwifery Manager/ Risk	Clinical Midwife
<b>7</b>	12:30	Meeting: Anne York – Lead Midwife for Education	Kerry Phillips - Senior Midwifery Manager/ Risk

<b>9</b>	13:00	<b>Lunch</b>	
<b>10</b>	14:30	Review of Q2 scorecard with Head of Midwifery and local SoM team	
<b>11</b>	15:00-16:00	Clinical to verify evidence within the clinical environment	
<b>Day 2</b> <b>Date: 7<sup>th</sup> October 2015</b> <b>Location: Seminar Room , Main Delivery Unit, Royal Gwent Hospital</b>			
		Review Team A	Review Team B
<b>1</b>	09:00	Travel to ABHB Headquarters – St Caddocks Hospital Caerleon	Clinical Midwife
<b>2</b>	09:30		Carol Bennett – Lead Midwife Safeguarding
<b>3</b>	10:30	Director of Nursing – Denise Llewellyn	Verify evidence within the clinical environment
<b>4</b>		Travel to Royal Gwent Hospital, Newport	
<b>5</b>	12:30	Dave Williams Divisional Director Family and Therapy Service	Governance Midwife- Lorraine Watkins
<b>6</b>	13:00	<b>Lunch</b>	
<b>7</b>	1330	LSA Review team to summarise findings and draft information for report	
<b>8</b>	1500	Feedback to HoM and SoMs with overview of day and next steps	

**List of Participants in the Annual Audit process – Anuerin Bevan Health Board**

**Director of Nursing** – Denise Llewellyn

**Head of Midwifery** – Deb Jackson

**Senior Midwifery Manager-** Louise Taylor

**Senior Midwifery Manager-** Kerry Phillips

**Senior Midwifery Manager-** Jayne Beasley

**Senior Midwifery Manager-** Lesley Constance

**MSLC Chair-** Sam Davies

**Education Midwives** – Ann York

**Risk / Governance Midwife-** Lorraine Watkins

**Safeguarding Midwife** – Carol Bennett

**Members of the SoM team-** Paquita Sanges, Karen Phillips New, Cath Norman

**Student SoMs** – Suzanne Collins, Elaine Derrick and Sue Rees

**Met by the LSA Team**

Midwives within Neville Hall and Royal Gwent Clinical areas

Student Midwives

**Apologies:-** Nil