



Annual LSA Audit Report 2015-2016

Betsi Cadwaladr 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, 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 Betsi Cadwaladr University Health Board

(BCUHB) 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 Betsi Cadwaladr University Health Board (BCUHB) 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**.

- 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 BCUHB, took place on 13th and 14th 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 Sue Jose LSA MO, supported by experienced SoM Karen Evans from ABMU and LSA Lay Reviewer Liz David, with preparation completed by LSA team support Julie Jones.
- 2.5** The audit visit began with a brief overview presentation by Sue Jose and was followed by the SoMs' PowerPoint presentation giving an overview of BCUHB and supervisory activities and the achievements of the SoMs in relation to good practice. In addition, the audit visit provided 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

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	<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>	<p>MET- The ItP process is managed effectively in BCUHB. The monthly ItP feedback reports are completed and entered in a timely manner.</p> <p>The SoM team have developed a standard operating procedure (SoP) for management of ItP for agency midwives that SoMs and all senior midwives manage.</p>
Rule 6: Retention of Records	<p>Midwives comply with systems designed to accurately and securely store clinical records for 25 years</p>	<p>MET- The records of SoM activity are stored securely.</p> <p>An archiving programme has commenced for the management of the records for the required 25 year period</p> <p>SoMs are aware of the rules for the management of independent midwives records.</p>
Rule 8: Supervisor of Midwives	<p>Student SoMs are adequately recruited and supported following successful completion of the preparation of SoM programme</p>	<p>Requires improvement-</p> <p>BCUHB does not currently have a student SoM undertaking the preparation of Supervisor programme.</p> <p>While the current SoM team is stable, there is a limited contingency plan should a SoM within the current team step down</p>
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 is adequate resource at this time to meet the recommended ratio of 1 SoM to 15 midwives.</p> <p>The SoMs cover a wide geographical area as a team with each SoM having a primary link</p>

		with midwives and maternity services provided from the three District General Hospital's. Two of the SoMs report not having a defined working area within their link hospital. This was rectified at the time of the audit visit with a room being identified and accepted
Rule 9: ASR compliance	Annual Supervisory Review is undertaken for each midwife to evidence how a midwife has met the NMC requirements to maintain their midwifery registration	MET- The compliance with the ASR process was 100% at the time of the audit visit. The SoM team have been active in reviewing and improving the process for the ASR
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- SoMs in BCUHB undertake SoM investigations outside of their Health Board, in an open/fair and timely manner. Evidence reviewed on LSADB of SoM support for completion of remediation recommendations from investigation process

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 BCUHB, there were 405 midwives in post and 3.0 wte SoMs giving a current model 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 3.0 wte SoM team was made of up three SoMs. One of the SoM team commenced maternity leave in November 2014, therefore a SoM in-waiting

brought forward her rotational period. The SoM team has remained settled to date with no further rotation at the time of the audit visit. The SoM who is currently on maternity leave will return to her substantive role in November 2015 and will remain a SoM in-waiting for rotation to the model at a later date.

The LSA ran a selection process for the final PoSoM programme due to commence in the autumn 2015. No midwife from BCUHB will commence the course. It was expressed to the Audit team that due to the current climate, it would be preferable to retain the current members of the SoM team. However, there is a requirement to 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. BCUHB has one SoM in-waiting which is a fragile position for the HB.

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 was 98% across the audit year. The current ASR compliance at the time of audit was 100% The SoM team achieved and has maintained 100% compliance ASR's since July 2015.

BCUHB have been offering group supervision to midwives for their ASR prior to the introduction of the current model. Group supervision is well embedded among the midwives in the Health Board. 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
- midwives from different teams are present at each group session.

All the midwives interviewed preferred the current model of supervision to the previous one. The key benefits of the group supervision were identified as: the opportunity for shared learning and recognising that everyone needs to reflect regardless of experience and seniority, gaining different perspectives, broadening knowledge of courses through other's experiences, sharing concerns and having a greater voice. The SoM team felt that the reflections in group supervision enhanced the protection of the public each time and were

¹ NMC Midwives rules and standards (2012)

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

able to give examples of situations which had been addressed through group supervision and led to the enhancement of the protection of the public. One midwife identified a practice change that had been brought about by hearing the views of colleagues during group supervision.

One midwifery group who reported having 1:1 discussion for ASR were the senior midwives. One senior midwife within the group had attended a group supervision session and explained the benefits she had gained from the group discussion. The senior midwives interviewed by the audit team stated they would set a personal objective to attend group supervision as a result of this.

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 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. The themes and trends specific to BCUHB included calls related to safeguarding (5), and clinical issues (5), with the majority of calls being received from midwives requiring professional support and advice. Following the introduction of the new model, calls were received for “escalation” (4). BCUHB management team provide an on call service for escalation matters which is the appropriate avenue to manage such calls. The calls received regarding escalation to the SoM on call number were referred appropriately to the manager on call for BCUHB.

The LSA MO met on a quarterly basis, with BCUHB 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 HoM to ensure clear two way communication between the HoM and SoMs on all aspects of the supervisory function.

Following escalation of the postponement of mandatory training (pre July 2015), the Audit team were informed the current compliance for completion of training was 77% with a goal of 100% compliance by January 2016. BCUHB are providing an increased number of mandatory training sessions for midwives and are employing Bank and Agency midwives to backfill clinical areas.

The LSA hold performance management meetings with SoMs from across Wales. This monthly gathering, whilst chiefly about managing the compliance with the KPIs, 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 LSA Lay Reviewer summary of findings

Whilst participating fully in the audit process, the lay reviewer was particularly interested in building on the findings from the 2014/15 audit report, specifically understanding the perspectives of women and their families who used the maternity services and looking at the experiences women using supervision. The audit team spoke to ten women mainly on the postnatal wards in three locations, the chair of the Maternity Service Liaison Committee (MSLC), a number of midwives and the SoM team.

The awareness amongst women of SoMs and the role they can play to support women was the highest recorded in three years with two out of ten women recognising the term “supervisor of midwives”. The women were able to explain the SoMs role with midwives although they had a limited awareness of how SoMs could support women. One of the students also reported being asked by a woman if she could contact a supervisor directly. There is clear evidence of the availability to women of the SoMs and that this is effective, as more women are aware of supervisors and their role. This audit did not assess the satisfaction of women who had contacted a supervisor. All the women reported they were very happy with the care they had received in the community, on the labour, antenatal and post natal wards.

The chair of the MSLC confirmed that the supervisors are regular attendees at the MSLC meetings and that the LSAMO officer had attended to explain the changes to the model of supervision in Wales in 2014. She confirmed the supervisors had met women and discussed their concerns and that they are valued for their sensible and visible approach. She knew about the on-call and how to contact a supervisor and felt that there had been good awareness raising work with women, although there is still some confusion about the difference in roles of supervisors and managers.

The accessibility of supervisors of midwives to women remains good. The BCUHB website

pages relating to supervisors of midwives have a clear and immediate link to the all Wales “*Are We Delivering*” leaflet and a clear description of how supervisors can support women as well as the on-call number. The handover plan to the new model is available on the website which is out-dated. It would be beneficial if the current annual report were made available as more up to date information for service users.

Supervisors of midwives’ notice boards are publicly available in most areas of the maternity services. At the time of the visit, a number of the boards were focussing on revalidation and providing information for midwives, although some retained the more general information about the SoM role including the on-call number. On these boards, there is a good description of the role of SoMs and some explanation of how supervisors can support women. One of the women who knew about supervisors of midwives had gained this information from the SoM board on the entrance to the ward, highlighting their importance and effectiveness. Retaining at least one general board in a visible location is recommended. The “*Are we delivering*” leaflet was available on some boards but not in any of the information racks or elsewhere in the three locations we visited. The NMC leaflet, “*Supervisors of Midwives, How they Can Help You*” was available in some locations.

The telephone audit of on call response rates conducted by the LSA Lay Reviewers in January 2015 found the three maternity hospitals in BCUHB provided the correct on call number when contacted. One primary care surgery was contacted who were unaware of the role of the SoMs and were not able to provide the telephone number. Prior to the current audit the lay reviewer rang the switchboard at Glan Clwyd hospital and was given the correct on-call number immediately and the opportunity to be put straight through was offered.

3.3 Revalidation

A further interest of the Lay Reviewer was to ascertain the understanding and preparation of midwives for revalidation. All midwives and most students had a good awareness of revalidation and SoMs were identified as a key source of information and support. The SoM notice boards were in the process of being updated with the latest information and templates from the NMC. The most frequently mentioned element of revalidation and the portfolio requirement was the reflections required with midwives keen for support with this. The SoMs will be trialling reflection groups based on the group supervision model from December and this is being widely welcomed.

The feedback requirement was known by the majority, and most midwives appeared to have given some thought to how they would obtain feedback from women. The most common methods mentioned of collecting feedback from women included receipt of cards and letters and more systemically the “did we deliver” user groups, and “I want better care” were identified by senior managers as a source of feedback. We were confident that systems are in place for gathering and feeding back the views of women to midwives.

3.4 Engaging with student midwives

BCUHB student midwives attend Bangor University, a NMC Approved Education Institute (AEI). The purpose of the engagement is to ensure that students are familiar with the concept and importance of supervision in preparation for registration as a midwife. A number of student midwives from various placements participated in the audit interviews from across BCUHB. All but one student reported positive contact with a SoM either from structured University sessions, “Notes audit tea parties” or attending group supervision with their mentor. The one student who could not recall meeting a SoM was informed by the assembled group that she had been present at a “Notes Audit tea party” The University sessions supported by the SoM team were well evaluated. Good relationships were reported between the University faculty and the SoM team.

3.5 Investigation process

Three SoM investigations were formally notified to the LSA via the LSADB, and commenced or completed between 1st August 2014 and 31st July 2015. One of the three investigations was completed in the 45 day timeframe. The two investigations not completed within 45 days were completed at 55 days and 60 days. The Health Board would recommend the LSA consider how it can continue to provide timely outcomes to investigations to ensure midwives can be restored where issues are identified. It was identified at the visit that there was one outstanding Local Action Plan (LAP) that was followed up and closed immediately following the audit visit.

The audit team were informed BCUHB have a stringent governance framework in place, and it would be unusual for a SoM investigation to be undertaken in isolation. This presented challenges in terms of duplication of process for midwives. It was expressed that the two processes, where possible, should run in tandem while supervision remains in statute, to work toward transition to NHS processes. A further challenge presented was the SoM’s role undertaking external investigations (as per Service Specification). It was felt this had an

impact on the SoM's visibility and ability to undertake key work within BCUHB.

Evidence was presented from a number of interviews that SoMs were represented on the relevant governance forums within BCUHB, with good relationships and a strong interface. It was reported to the Audit team that SoMs had been supportive through the Health Board's recent challenges for a proposed reconfiguration and subsequent public consultation, and had "*come into their own*" putting women at centre of care.

The practice of encouraging and involving staff side representatives to be present at SoM investigations was viewed as positive. The invite to staff-side representatives to attend a SoM investigation workshop was helpful in building relationships and enabling the understanding of process which can foster improved support for midwives. It was commented that supervision was "*the best its ever been*" in relation to restoration for midwives to evidence learning when faced with a disciplinary process.

3.6 Notable and Innovative Practice

Good Practice

- BCUHB SoM team have been instrumental in the development of "Notes Audit tea parties" across Wales
- BCUHB are preparing an article for publication in the British Journal of Midwifery advocating the merit of group supervision
- BCUHB SoMs have been instrumental in the creation of the planned All Wales Preceptorship programme
- Evidence was provided by the SoMs and senior team of the robust links between the SoM team and BCUHB governance forums
- The SoMs were able to describe a new system of issuing invitations to group supervision agreed and supported by the Head of Midwifery
- BCUHB SoMs have effective links/visibility with Bangor University faculty and student midwives.

Areas of improvement

- SoMs to involve themselves in key HB strategies e.g. review and support midwives to stem the reduction in AMU births
- Continue to support midwives' transition to revalidation

- Ensure effective communication to midwives of newly acquired office location
- Consider publishing a central rota of SoM availability in the HB
- The content of the notice boards could be improved with the addition of specific examples of when it appropriate for a woman to contact a supervisor.
- Notice boards for revalidation messages should not replace information for women
- The handover plan to the new model of supervision is available on the website which is out-dated. It would be beneficial if the current annual report were made available as more up to date information for service users
- Midwives talked to the audit team about the removal of supervision once statute is removed. The SoM team should start to use language of “transition” from statute to mandate rather than removal.

In summary, the annual audit of supervision in Betsi Cadwaladr University Health Board has demonstrated that all NMC standards are **Met** with one standard, in relation to succession planning being assessed as “Requires improvement”.

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, provides role clarity for SoM's and assurance for Health Boards that statutory requirements are met. Since the implementation of the new model there are improved outcomes in the quality of investigation reports, increased compliance with the ASR process along with achievements that are recognised across Wales. The overwhelming message from BCUHB is the value they place on the SoM team in their supporting role for women, the governance framework, midwives, student midwives and senior team, with a great deal of positive feedback received. This is at a time when the Health Board has been working in "*Special Measures*" with the Welsh Government and undergone an NMC "*Extraordinary review*"

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 processes. 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 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 as mandated which will focus on the 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 LSA Audit of Betsi Cadwaldr University Healthboard Supervision

Tuesday 13th October 2015 (Day 1)

Welsh Government Offices, Llandudno Junction

LSA Review Team

Sue Jose: LSA MO

Karen Evans: Supervisor of Midwives, ABMUHB

Elizabeth David: LSA Lay Reviewer

Agenda

Time	Meeting/Item	Present	Venue	
9:30	Arrival at Welsh Government Reception	All	Welsh Government Reception	
10:00	Introduction and welcome by the LSA review team	All	"Rhos" (A1.22)	
10:15	Presentation of SoM achievements including review of Q2 score card progress to date 2015/16	LSA Review Team Fiona Giraud SoMs BCUHB And management team listed	"Rhos" (A1.22)	
10.45	Meeting with Director of Nursing	10.45 – 11.45: concurrent coffee for those waiting whilst meetings are taking place	LSA Review Team Angela Hopkins	"Rhos" (A1.22)
11:15	Meeting with Head of Midwifery		LSA Review Team Fiona Giraud	"Rhos" (A1.22)
11:45	Meeting with Management Team	LSA Review Team Heledd Jones Sharn Jones Sali Williams Dave Farmer Sian Youssef Julie Reeve Jan Quarmby	"Rhos" (A1.22)	
12:15	Meeting with Workplace Representatives	LSA Review Team	"Rhos"	

Time	Meeting/Item	Present	Venue
		Kath Jones Jenie Dean Jenny Jones	(A1.22)
12:45	Meeting with Lead for Education	LSA Review Team Lynne Edgerton	“Rhos” (A1.22)
13:15	LUNCH (WELSH GOVERNMENT CANTEEN)		
14:00	LSA Review Team to travel to Ysbyty Gwynedd (transport provided by BCUHB SoMs)		
14:30	Tour of Unit – meeting with service users Concurrent meeting with MSLC chair – Sarah Andrews	LSA Review Team BCUHB SoMs Sarah Andrews	Ysbyty Gwynedd
15:00	Meeting with Ysbyty Gwynedd midwives	LSA Review Team Ysbyty Gwynedd midwives	Ysbyty Gwynedd, Heulwen Room
15:30	COFFEE BREAK		
15:45	Meeting with student midwives	LSA Review Team Student midwives	Ysbyty Gwynedd, Heulwen Room
16:15	Meeting with A.C.O.S operations (General Manager)	LSA Review Team Dr. Glynne Roberts	Ysbyty Gwynedd, Heulwen Room
16.45	CLOSE LSA Review Team to Travel back to hotel (transport provided by BCUHB SoMs)		



Healthcare Inspectorate Wales LSA

Programme for Annual Audit of Standards for Supervision of Midwives

LSA Audit of Betsi Cadwaldr University Healthboard Supervision

Wednesday 14th October 2015 (Day 2)

Ysbyty Glan Clwyd, Bodelwyddan followed by Ysbyty Maelor, Wrexham

LSA Review Team

Sue Jose, LSA MO

Karen Evans, Supervisor of Midwives, ABMU HB

Elizabeth David, Lay Reviewer

Agenda

Time	Meeting/Item	Present	Venue
8:15	Pick up by BCUHB SoMs at hotel for a 9am start		
9:00	Clinical tour of unit, meeting with service users	LSA Review Team BCUHB SoMs	Ysbyty Glan Clwyd
9:30	Meeting with Midwives	Concurrent coffee	LSA Review Team
			Parry Jones Room
10:00	Meeting with Students	Concurrent coffee	LSA Review Team
			Parry Jones Room
10:30	Travel to Wrexham Maelor Hospital (provided by BCUHB SoMs)		
11:30	Tour of clinical area - Wrexham Maelor, meeting with service users.	LSA Review Team BCUHB SoMs	
12:00	Meeting with Risk Midwives/Leads	LSA Review Team Gill Murnane Gaynor Lloyd Mandy Kyffin Jill Harrison	Parent craft Room – Antenatal Clinic
12:30	LUNCH (HOSPITAL CANTEEN)		

Time	Meeting/Item	Present	Venue
13:00	Meeting with Midwives	LSA Review Team midwives	Parent craft Room – Antenatal Clinic
13:30	Meeting with Student Midwives	LSA Review Team Ysbyty Gwynedd midwives	Parent craft Room – Antenatal Clinic
14:00	LSA Review Team to summarise findings	LSA Review Team	Parent craft Room – Antenatal Clinic
15:30	COFFEE BREAK		
15:45	Feedback to HoMs and SoMs	LSA Review Team HoMs BCUHB SoMs	Parent craft Room – Antenatal Clinic
17.00	CLOSE		
	LSA Review Team to travel back on train from Wrexham		

**List of Participants in the Annual Audit process –
Betsi Cadwaladr University Health Board**

Director of Nursing – Angela Hopkins

Head of Midwifery – Fiona Giraud

**Senior Midwifery Managers- Heledd Jones, Sharn Jones, Sali Williams, Dave Farmer,
Sian Youssef, Julie Reeve, Jan Quarmby**

Risk / Governance Midwives- Gill Murnane, Gaynor Lloyd

Lead manager – East - Jill Harrison

RCM representative- Kath Jones

Lead midwife for Education (Bangor University)- Lynne Edgerton

General Manager- Dr Glynne Roberts

MSLC Chair- Sarah Andrews

Members of the SoM team- Julie Hurford, Maureen Wolfe, Jo Lavery

Met by the LSA Team- Sue Jose, Karen Evans, Liz David, Julie Jones (TS WG office)

Midwives within Ysbyty Gwynedd Clinical areas

Midwives within Ysbyty Glan Clwyd Clinical areas

Midwives within Wrexham Maelor Hospital Clinical areas

Student Midwives (Bangor University)

Apologies: Mandy Kiffin (Risk Midwife)