

amddiffyn y cyhoedd  
trwy oruchwyliaeth  
statudol o fydwagedd



protecting the public  
through statutory  
supervision of midwives



## **Annual LSA Audit Report**

**2015-2016**

**Powys Teaching Health Board**

**NAME Sue Jose**

**LSA Midwifery Officer**

**Date 11th December 2015**

## Contents

1	Executive Summary.....	
2	Introduction .....	
3	Audit Findings .....	.....
4	Conclusion.....	
5	Appendices .....	

## **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 this was 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 health board 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 Powys Teaching Health Board (PTHB) 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 high quality, timely and effective.

## **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 PTHB 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 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 and provides an 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 Powys Teaching Health Board, took place on 11<sup>th</sup> December 2015 as planned. Key personnel were invited to attend as well as the HB supervisory team (**Appendix A – Programme**). The LSA MO will undertake a quarterly Pyramid audit in Q3 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, shadowed by Maureen Wolfe to commence in post as LSA MO later this month. Support was provided by SoM Cath Norman from Aneurin Bevan University Health Board and Diane Milne LSA Lay Reviewer.
- 2.5 The audit visit began with a brief overview presentation by Sue Jose and was followed by the SoM's PowerPoint presentation giving an overview of PTHB, presenting the supervisory activities as well as 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, Clinical Director, Assistant Director of Quality & Safety, Practice Development Midwife, midwives, MSLC Chair and Supervisor of Midwives in waiting (**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>
<b>Rule 4: Notification of Intention to Practice</b>	Accurate information and ItP's are submitted on an annual basis or for new employees before midwives commence practice	<b>Met</b> - SoMs clear on how the ITP process works and have a clear plan for completion for 2016/17
	Accurate LSA database records are completed for midwives leaving the organisation	<b>Met</b> – SoMs aware of the requirement to complete within 48 hours
<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> – All records stored securely in locked office (HoM office) The transfer of records from an independent midwife could be an issue if such an event occurs
<b>Rule 8: Supervisor of Midwives</b>	Student SoMs are adequately recruited and supported following successful completion of the preparation of SoM programme	<b>Requires Improvement</b> - Succession planning and vacant SoM hours need to be addressed
<b>Rule 9: Adequate resources within recommended ratio</b>	SoM ratios remain within the recommended level of 1 SoM to 15 midwives	<b>Not Met</b> – At the end of Quarter two the required 0.4 wte SoMs were in post but the level is currently only 0.2 wte. The required standard has not been met. Action Plan: to meet the required standard by quarter four.
	SoMs have adequate resources to support them in their role	<b>Met</b> – No concerns raised
<b>Rule 9: ASR compliance</b>	Annual Supervisory Review is undertaken for each midwife to evidence how a midwife has met the NMC requirements to maintain their midwifery registration	<b>Met</b> – ASRs 100% compliant There were mixed comments from staff with regards to Group Supervision. The senior midwives commented that they would not feel comfortable talking freely. They commented that as the health board is small, they didn't feel that they would like to share their concerns openly in a group. The midwives were on the whole

		positive describing the sessions as supportive and the environment conducive to learning. However, the midwives wanted to retain the capacity for a one to one session if the need arose. These sessions are available.
<b>Rule 10: SoM investigation process</b>	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	<b>Met</b> - Investigations have been carried out in a timely and fair manner and improvements had been noted in the quality of the reports.  <b>Met</b> – No concerns were raised.

### 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 Powys Teaching Health Board there are 39 midwives and 0.2 wte SoM giving an adjusted ratio of 1:19. There is a SoM in waiting who will qualify in 2016; therefore significant improvement should be seen by the end of quarter 4.

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

On the implementation of the model, the 0.4 wte SoM team was made up of one SoM. This SoM deselected from her role to undertake a senior midwifery role within another health board and 0.2 wte cover was obtained from a SoM from Aneurin Bevan University Health Board (ABUHB). The remaining 0.2 wte was to be filled by a student SoM, but the successful completion of the Preparation of SoM (PoSoM) course was not achieved in 2015 as anticipated and therefore the addition hours required will not be filled until March 2016. Interim cover for North Powys has been explored but there is no capacity for utilising a SoM from Betsi Cadwaladr University Health Board (BCUHB) as there are no excess supervision hours.

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

The LSA has run a selection process for the final PoSoM programme commencing in autumn 2015 but there were no new applicants for PTHB. There is a PoSoM who is currently awaiting the results of the course undertaken in 2015 with strong indication that her submission will be successful. It is anticipated upon qualification in March 2016 she will take up the remaining 0.2 wte post in PTHB. 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.

### **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 99% across the audit year. The current ASR compliance at the time of audit was 100%. The SoM has achieved and maintained a 100% rate of compliance in the year to date.

During the audit visit, the LSA Lay Reviewer and senior SoM sought to assess whether the challenges previously identified in delivering group supervision had been resolved. The challenges identified in the 2014 audit were as following:

- Ensuring all midwives could attend a group supervision session
- That midwives from different teams were present at each group
- SoMs had a consistent approach across Wales.

Views were sought from midwives on whether they considered group supervision was effective. All midwives interviewed during the audit visit had attended an annual supervisory review in the last 12 months within a group supervision session. All sessions had been conducted with a group of three midwives. Two senior midwives that were spoken with had taken part in group supervision that only included fellow senior staff which was described as a “management group”.

Mixed feedback was received with regards to whether the midwives found group supervision useful. Two senior midwives interviewed felt it would not have been appropriate to take part in group supervision with more junior clinical midwives and it would be more beneficial to take part in group supervision with a peer group on the same professional level. It was commented to the audit team that the groups should not be mixed. One senior midwife cited the fact that she might want to discuss clinical skills in a group supervision session but would not want to do that in front of the more junior midwives as she was responsible for training. In that sense she did not feel

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



group supervision could be used in a way that was effective for her. One senior midwife felt that in general, group supervision meant midwives are “missing the opportunity to be completely honest” and that discussions became “too PC and everyone is super conscious of each other”. Another stated that senior midwives regularly discuss issues together as a group and that group supervision session felt like a “tick box exercise” to complete the ASR.

Clinical midwives interviewed, were far more positive about group supervision and cited how useful it was to find out what other midwives had done to learn from each other, and how other midwives had developed their portfolios. The clinical midwives in general said that the group environment supported learning. One midwife described a negative experience of group supervision, when a challenging case she had recently been involved with was discussed openly. The midwife stated she had not had the opportunity to discuss the situation with her manager and asked for the discussion to be stopped as she was upset. The discussion was stopped at her request.

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. Monitoring the compliance with the ASR process has been an important element of the preparation for the implementation of the Future Proofing Supervision (FPS) model, ( a new model for the delivery of statutory supervision of midwives in Wales), ensuring that FPS SoMs did not inherit additional work and that SoM records were in a fit state for hand over with up to date and relevant information.

Clinical midwives views of the ASR process were in the main positive. The senior midwives who were spoken with during the audit were clearly not in favour of group supervision outside their immediate peer group. The future SoM in PTHB will need to work with the senior midwife group, to ensure the ASR provided will be valuable for their role in terms of shared learning and personal development.

Since the implementation of the new model for supervision of midwives, a 24 hour on call rota is provided by the all Wales SoM team within the LSA area. The on-call service is provided in line with the statutory requirement for all practising midwives to have 24 hour access to professional advice and guidance, and for service users 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 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 2 calls have been contacts from PTHB. The majority of calls logged were for clinical advice and support for women/service users (twenty). Six of the

logged calls were to provide general maternity service information, where the calls were directed appropriately. The remainder of the calls were for professional advice or incident reporting. The SBAR contacts are shared with the Head of Midwifery and local SoM team to follow up as needed. As there were only 2 calls in the 6 months for PTHB, no themes or Trends were identifiable.

The telephone audit of on call response rates conducted by the LSA Lay Reviewers in January 2015 found the following:

- Brecon War memorial Hospital and Llandrindod Wells County Memorial Hospital provided the correct on-call number
- Victoria Memorial Hospital and Welshpool Health Centre did not provide the appropriate telephone number.

In order to assess if there has been improvement from the previous audit findings, the LSA Lay reviewer completed a pre-audit telephone contact with the PTHB switchboard to request the Supervisor on Call contact details. During the first call the switchboard operator initially told the lay reviewer they could not give them the number and offered to ask a midwife to call them back. The correct on-call number was given after the lay reviewer persisted. In the second call the lay reviewer was given the wrong number. There has not been an improvement in the ease with which a SoM can be contacted in PTHB.

During the audit visit the Lay Reviewer looked at notice boards within the Llandrindod Wells Hospital and Brecon Memorial Hospital birth centre to see whether information about SoMs was clearly displayed and correct. In the waiting area of the Llandrindod Wells Hospital maternity unit there was a notice board clearly displaying information about SoMs and their role. However, the contact number given for SoMs was a mobile number and was not the all Wales on call number. In the Brecon Memorial Hospital birth centre, the information board relating to supervision was displayed prominently in the waiting area. The correct on call number was given on one poster, but a different, mobile number, was given on another poster alongside it. This could be confusing to service users. It is recommended that only the all Wales on-call telephone number is displayed on notice boards. The Lay Reviewer found no evidence the 'Are We Delivering' leaflets, informing service users about supervision of midwives are made available as they were not found in either site.

Area of improvement made—

- The 2014 audit noted that on the PTHB website's maternity services page there was one sentence of information about a 24hour, seven days a week on call service.

However it did not mention supervision of midwives. The lay reviewer revisited the PTHB website prior to this audit and found that there is now a paragraph of information about supervision of midwives on the maternity services page of the website, which explains the supervisor's role and gives the correct on call number.

Areas for improvement –

- Improvements in communication are required with hospital switchboard staff in order to ensure women and their families are able to easily access the SoM on call as required
- The health board website should be updated to include a link to the 'Are we delivering' leaflet
- Hard copies of the 'Are we delivering' leaflet should be made available.

The LSA Midwifery Officer met on a quarterly basis with the PTHB HoM and the local SoM team to review compliance with the NMC standards using a quarterly scorecard. The local SoM held monthly meetings with the HoM to ensure clear two way communication on 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 SoMs and midwives had discussions with the LSA Lay Reviewer during the audit visit in regards to sharing user views on how statutory supervision had supported women accessing maternity care in PTHB.

The LSA Lay reviewer's summary of findings:

The Lay Reviewer was not able to speak directly to service users about their awareness and experiences of SoMs as there were no service users present at the two birth centres visited during the audit process. However, she did have the opportunity to interview the chair of the Maternity Services Liaison Committee (MSLC) for PTHB about her work with service users. The Lay Reviewer was informed that the MSLC is no longer holding formal meetings, which SoMs could previously attend, but that the Committee communicates with service users through its Facebook page 'Bump Talk' which now has 350 followers. In the MSLC chair's experience, the level of awareness of supervision among service users is very poor. However, she felt Facebook

would be a very useful way of getting the required information across to the public and hoped that a SoM would become an administrator for the Facebook page and use it to post regular information about supervision.

During the audit visit the Lay Reviewer asked whether midwives were aware of the NMC's new revalidation requirements and what discussions there had been about it. All of the midwives spoken to had a good understanding of revalidation and the new portfolio requirements, and agreed that there had been plenty of training on revalidation provided. A senior midwife said workshops on revalidation had been held for midwives and that there had been focused sessions during training days. Regular emails and bulletins had been sent out about the changes and the NMC templates for use in portfolios were available on the central IT system. The senior midwife also said that revalidation requirements were already having a positive impact in terms of encouraging midwives to pass on positive feedback from service users; citing the example of a midwife who was told by a colleague that a woman had named her baby after her because of her positive birth experience. Three midwives were interviewed about revalidation and all felt that it would not be a huge change to their current working practice.

During the audit presentation the challenges of applying the All Wales model for supervision in PTHB were discussed as follows:

- The geography of the area sometimes created challenges, particularly as the SoM is only present in Powys for two days a week
- One midwife said she did not feel the model was sustainable because of the lack of visibility of the SoM in Powys. She described it as 'an impossible task' and said the SoM had lost 60 percent of visibility under the new model. She felt the SoM should ideally be in Powys four days a week
- Another midwife said she was 'struggling to find a reason for supervision' as people become used to the SoM not being around
- Another midwife felt she would always discuss issues with her colleagues, a tight knit team, rather than go to a SoM

The midwives interviewed had not contacted a SoM within the past six months. During discussion, a suggestion was made that the geographical challenge could be overcome by the use of technology such as 'Skype' to increase the visibility of the SoM to midwives. The Woman and Children's Services Manager (HoM) for PTHB was very open about the challenges of implementing the new model of supervision and said that it had been a 'harder journey' for the midwives in Powys compared to other areas. However she was positive that it was the right model for the team and said that the focus for the future is about continuing to support midwives

to recognise what supervisors are there for. The HoM also added that from a health board point of view, the SoM role is highly valued and that health board directors are huge supporters of supervision.

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

In order to ensure student midwives are familiar with the concept and importance of midwifery supervision in preparation for their registration as a midwife, the PTHB SoM has engaged with the University attended by the students. Students were offered a number of opportunities to experience supervision in action, such as students shadowing their third year mentor when they met with their named SoM for a supervisory discussion.

#### **Investigation process**

Within the twelve month period from the 1st August 2014 to 1st August 2015, two SoM investigations were commenced in PTHB. Of the two investigations completed one was not undertaken within the set standard for completion of 45 days. The LSA database contains annotations of the reasons why investigations were not completed within 45 days setting a clear audit trail.

It was reported to the audit team that in order to streamline the process for case reviews it would be advantageous for SoMs to have direct access to the “Datix” forms (the system for reporting clinical incidents), which would support the governance/risk leads and offer a fresh eyes approach’.

### **3.3 Notable and Innovative Practice**

#### **Good Practice**

- Effective communication with HoM
- Good feedback of clinical midwives’ experience of group supervision
- Provision of revalidation sessions to prepare midwives for transition from the NMC post registration education and practice (PREP) standards to Revalidation
- Maintenance of 100% compliance for ASRs
- Senior Team within PTHB supportive of supervision and welcome the external scrutiny supervision can provide
- Evidence that Student midwives value placements in PTHB
- Improvement to the maternity service website that provides information about midwifery supervision and provides the correct on-call telephone number.

## **Areas for improvement**

- Vacant SoM hours to be filled to improve clinical visibility and accessibility of SoMs
- To develop an action plan with senior midwives to ensure the ASR is provided in a meaningful way
- For the SoM and senior midwives to foster a culture of understanding of their complementary roles.
- PTHB to consider allowing the SoM team to have access to the “Datix” system to have direct access to incidents to assess if midwifery practice falls below the expected standard
- Continue to develop close links with PTHB investigation process where appropriate, including incident reviews. This will support midwives and prevent duplication of process and partnership working with governance
- Improved access to SoM via health board switchboards
- Improved access to supervision leaflets for service users

In summary the annual audit of supervision in Powys Teaching Health Board has reached the following conclusions:

5 standards MET

1 Standard REQUIRES IMPROVEMENT

1 standard NOT 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 and 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 annual audit process is testament to PTHB achievements in year. The audit team were assured of the excellent professional relationships between the management team and of excellent compliance with annual supervisory reviews.

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 Powys teaching Health Board

Date 11th December 2015

Locations: Sitting room , Llandrindod Wells Hospital ,LD15HF  
Brecon War Memorial Hospital 13:00 onwards

#### LSA Review Team :

Sue Jose , Local Supervisory Authority Midwifery Officer ( LSA MO).

Moe Wolfe (LSAMO elect) ,Cath Norman Supervisors of Midwives (SoM).

Diana Milne , Lay reviewer

Day 1		
No.	Time	Activity
1	09.15	Arrival & Coffee
2	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>Director of Nursing Medical Director Assistant Director for Quality and safety Women and Children's Directorate Manager Head of Midwifery Senior Midwives Practice Development Midwife MSLC Chair SoMs in waiting Midwives</p>
3	09:50	<p>15 minute overview presentation and storyboard from local SoMs to include:</p> <ol style="list-style-type: none"> <li>Summary of progress in delivering KPIs for 2015-2016</li> <li>Examples of Good Practice and achievements of local SoM team</li> <li>Examples of learning the lessons / closing the loop from supervision investigations</li> <li>Benchmark against lessons learnt from Guernsey and Kirkup</li> </ol> <p>15 min Questions and Answers</p>
4	10:15	<p>Team 1: HoM Cate Langley</p> <p>Team 2: Women and Children's Directorate Manager- Julie Richards</p>

5	<b>10:45</b>	Break
6	<b>11:00</b>	<b>Team 1: Helen Hayes , Director</b> <b>Team 2: MSLC Chair. Lindsey Phillips</b>
7	<b>11:20</b>	<b>Team 1: Quality and safety assistant Director - Wendy Morgan</b> <b>Team 2: Senior Midwives - Donna Owen, and Shelly Jones</b>
8	<b>11:40</b>	<b>Team 1: Practice Development Midwife –Dr Marie Lewis</b> <b>Team 2: SoM in waiting- Rhian Boase</b>
9	<b>12.00</b>	<b>Midwives (all)</b>
	<b>12:30</b>	<b>Travel to Day Hospital ,Brecon LD15HF</b>
10	<b>13:00</b>	Lunch in Day hospital, BWMH.
11	<b>13:30</b>	<b>Team 1: Student Midwives</b> <b>Team 2: Service users</b>
12	<b>14:00</b>	<b>Tour of unit to verify evidence within the clinical environment and meet with service users, midwives and student midwives</b>
13	<b>14:30</b>	<b>Review of Q2 scorecard with Head of Midwifery and local SoM team</b>
14	<b>15:00</b>	<b>Meeting Director of Nursing – Rhiannon Jones</b>
15	<b>15.30</b>	<b>Review team meeting to draw together initial findings (over Coffee)</b>
16	<b>16.00</b>	<b>Initial Feedback from LSA Audit</b>

### List of Participants in the Annual Audit process – Powys Teaching Health Board

**Director of Nursing** – Rhiannon Jones

**Head of Midwifery** – Cate Langley

**Quality and Safety Assistant Director** - Wendy Morgan

**Clinical Director**- Helen Hayes

**Senior Midwifery Manager**- Donna Owen

**Senior Midwifery Manager**- Shelly Jones

**Practice Development midwife** – Dr Marie Lewis

**Directorate General Manager** – Julie Richards

**MSLC Chair** – Lindsey Phillips

**Members of the SoM team**- Dawn Davies and PoSoM Rhian Boase

Met by the LSA Team –Midwives within PTHB and one student midwife

**Apologies: N/A**