

Additional evidence obtained during the extraordinary follow-up review

**Princess Elizabeth Hospital,
Health and Social Services
Department, Guernsey
2 – 4 November 2015**

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1 Background

A Nursing and Midwifery Council (NMC) extraordinary review between 1 - 3 October 2014 found that there were significant public protection issues relating to statutory supervision of midwifery in the NHS England (NHSE) Local Supervising Authority (LSA) South West (SW) within the Princess Elizabeth Hospital (PEH), Health and Social Services Department (HSSD), Guernsey. These required urgent attention.

During that NMC extraordinary review the Quality Assurance (QA) review team identified additional concerns which could not be reported against the Midwives rules and standards (NMC, 2012) and the quality assurance of the NHSE LSA SW. The NMC therefore published an additional evidence report in October 2014.

Since then the NMC has engaged extensively with NHSE LSA SW, HSSD, and the States of Guernsey and HSSD put measures in place to address some of the immediate wider concerns.

However, in recognition of the need for a multi-professional approach to address these concerns, HSSD and the Medical Specialist Group (MSG) went on to develop a maternity services transformation programme which incorporates: the maternity service improvement plan to meet the extraordinary review concerns (2014); the LSA annual audit recommendations for HSSD (January 2015); the Royal College of Obstetricians and Gynaecologists recommendations (November 2014 and the wider recommendations following the Morecambe Bay Investigation (Kirkup, March 2015).

2 Focus of this report

This report provides the context and findings of progress one year on against the transformation programme that HSSD implemented for the wider maternity care environment in PEH, Guernsey. The focus is on the previously reported areas:

- the care environment
- policies and procedures
- governance
- leadership and management
- organisational culture.

We cannot comment on all the new initiatives and developments we saw and heard about, nor is it within the remit of this review to report on wider system improvements outside of the maternity services. However, reference will be made to these, as appropriate.

3 Methodology

The review was conducted 2–4 November 2015. During the visit the QA review team triangulated what they were told in meetings and telephone interviews with a range of stakeholders, what they observed during visits to the maternity unit with the documentary evidence provided.

4 Summary findings

Overall we found that there have been significant developments, actions achieved and progress made within the HSSD maternity services in response to the concerns identified during the NMC extraordinary review.

We recognise that the lessons learned from the extraordinary review of the maternity services have resulted in a programme of change and enhancement across many other areas of HSSD. This programme of change has resulted in new and more effective ways of working for nurses and midwives with the aim of providing safe, effective and accountable care delivery.

This progress is due to the hard work and commitment of all individuals, and midwives in particular. New appointments have been made to address challenges and implement changes led by the strong visible leadership of the chief officer (CO), HSSD and the interim chief nurse and director of clinical governance.

Leadership is distributed across the organisation with strengthened clinical leadership and investment in the growth and development of internal staff members, whilst recognising the richness and ‘fresh eyes’ approach from appointing individuals into key posts from outside of Guernsey.

HSSD staff recognise that this work needs to continue to ensure service users are fully engaged in ongoing plans for maternity services and that women’s voices are encouraged and listened to in order to make maternity services truly woman focused.

5 Findings

The key findings in relation to the progress made in the wider environment of maternity care in PEH, Guernsey are summarised under the five key themes reported in the NMC additional evidence report (October 2014):

- The care environment
- Policies and procedures
- Governance
- Leadership and management

- Organisational culture

6 The Care Environment

Midwives informed us that they are now involved and consulted through a variety of ways. They now accept ownership of the birth environment. They are able to list all the positive changes which have taken place during the last year.

We observed significant and positive changes in the care environment on Loveridge ward and the corridor approach to the ward. We noted the refurbishment, cleanliness and de-cluttered environment together with more suitable and effective storage space for equipment. There are now appropriately defined areas, including rooms for low risk, bereavement and day care. These changes create a more welcoming environment for women and their families.

We found that information for women, their families and staff had improved. This included details about the maternity team and the midwife in charge that day, the support, purpose and contact numbers of supervisors of midwives, results from service user satisfaction surveys, governance updates and changes in the working environment.

There are also opportunities for women and their partners to comment on the care and environment on Loveridge ward. This initiative enables staff to respond and act on these comments to improve women's maternity experiences, as well as ensuring that information is available for other women using the maternity services.

6.1 Women's experiences of maternity care

Interviews with women and maternity service liaison committee (MSLC) representatives suggest experiences of maternity care since the NMC extraordinary review report was published have improved. Although women's opinions varied regarding the care they had received, ranging from high levels of satisfaction to areas in need of improvement, overall there is evidence of a growing satisfaction and involvement of women in the maternity services.

Women told us they have welcomed the changes in the environment in Loveridge ward. All women in the ward at the time of the review felt well cared for and appreciated the quiet, modern and clean environment. Women told us that they had confidence in the midwives caring for them and that midwives were responsive to their needs. They perceived that care plans and potential birth choices were explained to them in a comprehensive manner. We noted a range of positive comments from women about compassionate care in the '*How are we doing*' booklet. Women who had previously birthed in Loveridge ward recognised the improvements in the quality of care provided now and the presence of their community midwife in the ward had provided good continuity of care. Women also

believe that their babies are safer now following the introduction of the new tagging system.

During a focus group with a number of women who had recently had babies in Loveridge ward we heard a mixture of views about maternity services. Many women recognised the improvements in the quality of care provided with some noting that there are now more midwives on the ward. However, some women expressed concern at the lack of continuity of the midwives during the antenatal period requiring them to have to repeat the same information many times to different midwives.

Some women commented that staff on Loveridge ward were too busy to give advice. They also requested easier access and signposting to information and they described the HSSD's website as too generic and not pregnancy specific. They suggested the inclusion of frequently asked questions and some telephone support from midwives between the hours of 08.00–16.00 would be helpful.

Parent education appears to be an area of concern and there were reports that midwives were not confident to deliver the required education to parents. Additionally, classes were described as overcrowded and led women to seek the services of the local National Childbirth Trust team. MSLC representatives also told us that the delivery of parent education needs improvement and they are gathering women's comments to feedback to the community midwives. Breast feeding advice was another area that was repeatedly stated as being inconsistent with conflicting advice from midwives and health visitors being given.

6.2 Engaging service users

We found that the engagement of service users in the maternity services continues to improve. The MSLC representatives told us they feel they are being listened to by midwives, particularly in the last six months. MSLC representatives perceive that they have established a good relationship with their key contact, the full time (FT) supervisor of midwives (SoM). We found evidence of attendance of the FT SoM, interim head of midwifery (HoM) and clinical matron at MSLC meetings recorded in the minutes of the meetings.

We were informed that MSLC representatives are involved in planning changes to the maternity services as members of the maternity transformation board steering group. They also told us that they will have input into policies and decision-making as they are soon to attend their first meeting as members of HSSD governance policy group.

Two members of the MSLC told us that they had been invited to be on the interview panel for two key appointments (the medical director and the chief nurse and director of clinical governance) but regrettably they were unable to attend due to only receiving two weeks' notice. They also told us that they had felt ill prepared to take

on the role. Service user involvement in high profile appointments demonstrates HSSD's commitment for users to have a direct impact on the delivery of services. We recommend that MSLC members should receive training, including equality and diversity training, to prepare them adequately for any future recruitment activity.

We found that the new operational manager has led on service user and staff initiatives. The operational manager told us that she talks regularly to service users and inputs the information gained into the 'safety thermometer' work. She is also involved in developing the maternity unit's webpage.

Progress has been made, but HSSD staff recognise that more needs to be done to ensure service users are consistently listened to and fully engaged in service developments as part of a women centred maternity service.

6.3 Decision to delivery time of women requiring emergency caesarean section

The distance of the location of the operating theatre from Loveridge ward remains an issue that needs to be resolved. Multi-disciplinary team meetings and a feasibility study concerning the building of a theatre in Loveridge ward have taken place. The long term aim is to have a dedicated maternity theatre co-located within the labour ward.

However, the acting head of midwifery has organised multi-disciplinary 'skills and drills' that include drills to support and improve the transfer time to theatre.

6.4 Management of epidural anaesthesia

During the extraordinary review in October 2014 we heard there was no on-site anaesthetist 24 hours a day, seven days a week.

Again in 2015 we heard from women that a women's choice to have an epidural is not always an option. We were informed that the epidural service is under discussion in HSSD and the Social Services Department in terms of additional States' funding' to increase cover with an anaesthetist dedicated to obstetric care. We heard that 24 hours a day anaesthetic cover is available; the anaesthetist does not reside at the hospital but is on call to come in.

6.5 Health and safety issues

Monthly random health and safety audits, including audits of the secure storage of records are undertaken by the HSSD health and safety team. In addition, weekly spot checks are undertaken by the FT SoM to monitor compliance with the secure storage of records.

We reviewed the health and safety audit records from February to October 2015 which indicated that 100 percent compliance was achieved in the majority of audits. On those few occasions when the standard was not met, immediate action was

taken to address any issues. Notably, during the October 2015 audit on Loveridge ward the health and safety team reported the area was initially non-compliant in seven out of 15 checks. A new process has been put in place to reinforce and train all staff regarding health and safety issues in the ward area as ongoing staff induction. HSSD staff recognise that they need to continue to monitor this to ensure compliance all the time.

A 'safe to respond' checklist has also been introduced by the interim HoM to audit daily equipment checks on emergency trolleys. A safety briefing at the end of each handover has been introduced to improve communication amongst the multi-disciplinary team in Loveridge ward. We heard this was initially met with some resistance from some staff but is now valued.

6.6 Maternity staffing levels

We heard that there has been a high turnover of midwives since October 2014. Recruitment of midwives to Guernsey continues to be problematic with issues about the costs of housing, housing licenses and delays in receiving contracts being identified as the main causes. New midwives who have been appointed have been positive about the support they received on arrival and stated optimism for the future of the maternity unit. We were also told about the latest recruitment drive and benefits on offer for bands six and seven midwives.

A full time midwifery matron was appointed in July 2015 to provide additional clinical leadership. We were informed that a substantive head of midwifery is soon to be appointed and a new consultant midwife post will shortly be advertised.

We heard that sickness amongst the midwifery team had been an issue and at its highest point had reached 20 percent. We were told that the rates are now improving and are lower than at any time during the year, with most sickness being short term.

Midwives described a reliance on agency midwives to cover the workload and discussed their concern that this could present risk. HSSD informed us that 45 percent of the midwifery work force is made up of agency midwives. However, agency midwives are employed for a minimum of one month and knowing the skill set of the agency midwives who are regularly employed is mitigating this risk.

We found that the risk around agency midwives is recognised and managed. They have an extended period of induction that introduces them to the structures, processes and practice guidelines in place in HSSD, which they perceive is effective preparation. The FT SoM recognises her responsibility and oversight of agency midwives who come to work in HSSD including completion of a midwifery skills analysis form to enable her to identify and address any of their training needs.

The midwifery workforce distribution is also being reviewed; this includes restructure to ensure band seven midwives spend more time as clinical leads when consultants

are not available. Birth-rate plus (which matches the needs of mothers with the right number of midwives) was carried out in the maternity department in 2012 and arrangements are in place for it to be repeated at the end of 2015 to ensure safe staffing levels.

Overall there was clear indication that HSSD has improved maternity staffing levels. We also heard about closer working relationships with nurse colleagues and nurses who support the midwifery workforce, for example at night.

7 Education

7.1 Midwives education and training

Following the extraordinary review we found that all midwives had their midwifery skills audited using the '*Supervisors of Midwives: Supporting Good Practice, Midwifery Skills*' self-assessment tool that is used in conjunction with the midwives' annual review. This process informed the provision of education and training activities for midwives.

We found that HSSD arranged a bespoke midwifery education and training programme from another university that covered a range of topics and skills. This provided an opportunity for all midwives to update their knowledge and skills in key areas. Midwives acknowledged the investment in their education and training and have all completed the training.

Midwives told us that this training also gave them an enhanced knowledge of the NMC Code and its importance and impact on midwifery practice. We heard that HSSD has engaged an external support to assist the organisation to prepare for revalidation of nurses and midwives. Midwives told us that they have benefited from the sessions regarding revalidation and had been supported in improving their IT skills. The FT SoM shared how she has been supporting midwives collating evidence and compiling portfolios for revalidation.

7.2 Student nurses

Serious governance issues were identified in October 2014, which posed a potential risk to student nurses' learning experience in HSSD. As a result, the University of East Anglia (UEA) suspended the delivery of the pre-registration nursing programme and removed students from practice placements. A shared action plan was implemented between HSSD, the Institute of Health and Social Care Studies (IHSCS) in Guernsey and UEA. Following significant improvements a phased return of student nurses to placement areas in HSSD has been implemented during 2015.

In November 2015 the NMC conducted a thorough review of the delivery of the endorsed pre-registration nursing education programme and will be publishing their findings.

8 Policies and procedures

Following the NMC extraordinary review, a number of issues which contributed to the initiation of supervisory investigations were quickly addressed by HSSD and supported by the LSA. Changes in practice include the banning of verbal orders for medications and all unauthorised patient group directives (PGDs) were removed. Practices that are not based on evidence have ceased and consideration is given to the evidence base when developing and introducing new guidance or procedures.

The Code of Practice for the safe and secure handling of medicines (27 January 2015) has been updated and specifically covers midwives' administering of medicines. Midwives are instructed to only issue those medicines they have been trained to use.

We found midwives are involved in multi-disciplinary working groups to progress the development of guidelines. MSLC representatives told us that they now attend governance policy meetings. The provision of service user views on policies and guidelines will help ensure the vision of woman focused maternity care is realised.

The governance teams review all policies and procedures and we saw evidence of a policy tracker during the visit. Policies are held on the HSSD intranet on Poliplus and progress continues to be made to the development of maternity policies and the socialisation of these policies. Although HSSD informed us that 26 percent of corporate policies remain out of date, a large number of outdated policies and procedures have been updated over the past year. The tracker identified that there are numerous corporate policies under review but of the 69 maternity guidelines, 45 were found to be in date and 24 past the review date. Upon further scrutiny of the tracker it was found that the number of guidelines for maternity exceeded the 24 identified because a number of them had never been in existence and required new development, for example shoulder dystocia.

We were told that all of the top six maternity policies identified by the LSA are under review and are expected to be ratified at the maternity services and women's governance meeting in November 2015. We also noted new guidelines in place for duty of candour, serious incidents, complaints and consent.

It is evident that some progress has been made in the development of policies and guidelines as part of a new governance framework that supports their development. However, due to the sheer volume of outdated policies and procedures identified by HSSD in October 2014 means that progress in some areas has not been quick enough. Further improvement is required to ensure the policies and guidelines reflect best practice, follow national guidance and are developed and owned by the entire multi-disciplinary maternity team.

8.1 Emergency procedure/ guidelines for maternity cases 'off island'

We were informed that HSSD has reviewed the existing policy for off-island and Bailiwick transfers to ensure the safety of women and babies and to ensure that midwives are well prepared and supported for this activity.

Since 1 April 2015 no midwives are working on Alderney. We viewed a draft policy that details the approach to maternity care of women in Alderney.

Community midwives have completed the '*Appropriate Skills for Appropriate Places*' (ASAP) course in February 2015. ASAP covers obstetric emergencies in a home-like setting, rather than in hospital. The community midwife covering Alderney told us how she visits the island every two weeks to carry out all necessary antenatal and postnatal care.

9 Governance

Governance systems and processes have been developed under the leadership of the CO and have since been picked up by the interim chief nurse and director of clinical governance and continue to be embedded within the organisation within an improved multi-disciplinary framework for clinical governance. An external governance review of HSSD took place in March 2015 and they are currently working through the recommendations. We heard that HSSD has appointed to a permanent chief nurse and director of clinical governance role and that the post holder will continue to implement effective clinical governance throughout the organisation.

We heard that investment in HSSD IT systems, including access and software packages for data retrieval, remains a live issue to ensure the delivery of efficient and effective maternity care services and clinical governance. The senior team informed us that the maternity services and women's vital signs (dashboard) is now providing more accurate data around clinical activity and the maternity workforce. Further development of the maternity dashboard is needed to expand across professional teams and in order to provide service users with accurate information.

As part of the quality governance initiatives HSSD has very recently commenced the NHS safety thermometer, which measures the level of 'harm free' care which women in the maternity services are receiving. It is hoped that this will provide good quality indicators and will be useful to compare these quality indicators with other maternity services taking part in the UK.

Work is progressing on the maternity clinical audit framework and audit schedule which will provide a level of assurance of current practices.

The friends and family test was made available in September 2015 and is now incorporated into the existing HSSD '*How are we doing*' form. The plan is to provide monthly results to departments in HSSD through existing reporting methods, with an overall report to the joint clinical governance committee. In the maternity department we found that the maternity services and women's governance meetings monitor complaints, compliments, concerns and comments, and feedback to women on the actions taken.

The profile of incident reporting is developing with an improved multi-disciplinary approach to decision making in the management of incidents. The maternity risk management strategy is in draft format and we were informed this will shortly be finalised. A risk management midwife has been appointed and is working closely with the quality and transformation lead to improve and strengthen the governance systems and processes.

We heard that the strengthened joint clinical governance committee and the development of a risk management process have refocused the governance team to support assurance and quality improvement. Improved data sources and ongoing resource development is expected to provide organisation wide HSSD intelligence.

10 Leadership and Management

We found that there is strong strategic leadership and a positive management style at PEH. The CO demonstrates committed, dynamic and visible leadership to drive improvements across HSSD.

We heard that there have been changes in the way the corporate management team (CMT) operates, including a review of performance indicators and the inclusion of vital signs. Both time spent working with staff in the front line and unannounced visits to wards and departments are helping to build relationships and further understand local issues.

HSSD has begun to embed new leadership behaviours at all levels in the organisation and the investment in several new clinical midwifery leadership posts are key to the transformation of maternity services. We heard about bespoke leadership programmes for key posts and heard that the facilitation of 'Service Guernsey' leadership and management training is in place.

We found that several interim senior clinical and social care posts have been or are being made permanent: this includes a chief nurse and director of clinical governance, medical director and substantive HoM. These posts will all contribute to a clear leadership structure and provide stability and strong leadership to sustain and embed improvements.

The acting HoM told us that she has been greatly supported in her interim role from the interim chief nurse and director of clinical governance. She also has had opportunities for further development and support off-island. She has initiated a number of changes in response to the findings of the extraordinary review. We heard about newly developed staff forums such as a Professional Reference Group, labour ward forum and ward meetings. We observed empowered midwives who have taken responsibility and ownership of the clinical environment

These changes are positive but at an early stage: it is vital that the momentum and commitment to progress and change continues when the substantive appointments take up their positions.

11 Organisational culture

In 2014, the culture of the maternity service was one where midwives did not feel empowered or able to escalate concerns and there was no ownership of the maternity department. One year later we heard about the drive to change to ensure that maternity services is woman focused and open in its approach to learning.

Lessons learned from the extraordinary review reports have been shared across the organisation. We heard that the acting HoM has been working with the matrons in nursing and it was evident that some shared learning across initiatives has been introduced. Senior staff acknowledge the need to move away from a blame culture; this must be understood and accepted throughout all levels of the organisation and will take time to achieve.

We heard about and saw evidence of areas of progress across the organisation, which include; improving communication strategies and engagement between professional groups and between professionals and service users; increased transparency at HSSD board level; celebrating success; and positive encouragement of staff escalating concerns. Examples include:

- The Service Guernsey initiative. This initiative is at an early stage with plans for longer term development of public services.
- The BIG conversation is an initiative driven by the CO and described as HSSD staff's 'ticket to talk'.
- HSSD has introduced staff recognition schemes and increased opportunities for staff to become involved in cross departmental activities. For instance, a 'Hidden Heroes' peer nomination scheme has been introduced by the CO to reward staff for notable practice.
- The CO and MSLC representatives shared the 'listening posts' approach encouraging service users to ring in to voice their opinions and make suggestions regarding the health and social care services provided by HSSD.

12 Conclusion

Overall we found that there have been considerable developments and progress made in the last year in response to the additional evidence report of concerns identified during the NMC extraordinary review at PEH, Guernsey in 2014.

The maternity services transformation plan represents a significant programme of change across HSSD and the hard work and commitment of midwives and other key individuals must continue if progress is to be sustained. This includes engaging and working with service users throughout the transformation programme.

Governance systems are developing and need to be embedded into the improving multi-disciplinary framework for clinical governance and management of risk. Concerns remain about the review and development of policies, procedures and clinical guidelines. There is an urgent need to complete the review of maternity policies and guidelines to ensure they reflect best practice; follow national guidelines; and, are shared and owned by the multi-disciplinary team.

Annexe one: Key people met during the review

NHSE LSA South

Local supervising authority midwifery officer (LSA MO)

2 x LSA midwives, NHS England South

Supervisor of midwives, LSA / HSSD

Chief nurse, NHS England (South) (teleconference)

Deputy chief nurse, NHS England (South) (teleconference)

Head of midwifery, NHS England (teleconference)

1 x LSA lay auditor (teleconference)

HSSD

Chief officer, HSSD

Interim chief nurse and director of clinical governance

Acting head of midwifery, HSSD

2 x members of the maternity service liaison committee (MSLC)

15 x service users

16 x midwives

Head of quality and improvement, HSSD

Quality and transformation lead, HSSD

Risk management midwife, HSSD

Interim head of midwifery (States of Jersey)

Former interim medical director

Interim medical director

Visit to Loveridge ward (2–4 November 2015)

Annexe two: Documentary evidence

LSA evidence

NHSE LSA presentation, Midwifery supervision in Guernsey, LSA MO and Guernsey SoMs, 2 November 2015

LSA data base, 3 November 2015

Quality Quarterly Monitoring (QQM) July – September 2015 (quarter two) accessed via NMC/MM portal <https://nmcoms.mottmac.com/>

NMC Extraordinary review NHSE South West LSA, 1–03 October 2014

NHSE LSA Plan of compliance with LSA Standards in Guernsey (updated 20 January 2014)

NMC Interim review of progress against the actions implemented by the LSA to deliver safe and effective statutory supervision of midwives in Guernsey to meet the Midwives rules and standards (NMC, 2012), 24 and 25 February 2015

LSA annual audit for PEH 6 – 8 January 2015 published 11 February 2015.

LSA annual audit action plan for PEH, February 2015 reviewed July 2015.

NHSE LSA (South) annual report, 2014–2015

QQM 4 report 01 January – 31 March 2015 accessed via NMC/MM portal <https://nmcoms.mottmac.com/>

QQM 1 report 1 April – 30 June 2015 accessed via NMC/MM portal <https://nmcoms.mottmac.com/>

LSA MO Forum UK policy for the transfer of midwives records from self-employed midwives, 2013

PEH, HSSD, Guernsey Supervisor of midwives webpage accessed 27 October 2014

LSA MO Forum UK policy LSA review and investigation processes, 2013

LSAMO Forum UK guidelines: decision making tool for supervisory investigations, 2013.

LSAMO Forum UK policy: Suspension of midwives from practice by a LSA, 2013

New starter check list, October 2015

Guernsey What happens with my ITP and what do I need to do poster, undated

Flow chart for upload of ITP for midwives starting whilst Guernsey SoM is on leave or off island, undated

Guernsey SoMs Scoring tool for documentation audit: antenatal period, undated

Guernsey SoMs Scoring tool for documentation audit: intrapartum period, undated

NHSE LSA MO job description, undated

LSA Lay reviewers workshop, 7 July 2015

SoM on call rotas, April – November 2015

Examples of SBAR reports, 12/12/14, 5/6/15, 30/6/15, 15/7/15, 20/7/15, 27/7/15

Examples of SBARs reported by on call SoMs, 2015

NHSE Supervisor of midwives competency self-assessment (ref Standard 17), 2014

Example of annual review meeting, version 2

Action plan for regular audits by SoM in Guernsey, 19 August 2015

Supervisory investigations and completions 2014–2015

Maternity audits spread sheet 2015

HSSD evidence

NMC Additional evidence, Princess Elizabeth Hospital, HSSD, Guernsey 1- 3 October 2014

HSSD Maternity improvement plan, October 2014

NMC Interim review of progress against the actions implemented by the HSSD, 24 and 25 February 2015

HSSD Maternity Services Transformation Programme, October 2015

Presentation 'Overview of developments and progress made in HSSD relevant to the AEI and LSA reviews' 2 November 2015

Maternity Services and Women's Governance Meetings, 2015; 20/5/15, 16/10/15

Monthly security audit of Loveridge Ward dated: 20 March 2015, 17 April 2015, 21 May 2015, 24 June 2015, 10 July 2015, 20 August 2015, 17 September 2015, 19 October 2015

HSSD Nursing and Midwifery Revalidation gap analysis and action plan, version 2.5 9, October 2015

HSSD Evidence Index Theme: Maternity Volume one

HSSD Evidence Index Theme: Maternity Volume two

HSSD Evidence Index Theme: Maternity Volume three

HSSD Evidence Index Theme: Policies and Procedures

HSSD Evidence Index Theme: Governance

HSSD Evidence Index Theme: Revalidation

HSSD Policy for the retention and destruction of information, 2012

MSLC meeting minutes: 30/4/15, 24/6/15, 11/9/15

Midwifery induction and orientation programme (band 6) 6/10/15

Agency staff induction booklet, October 2015