

				Performance is on target		
				Performance is below target but actions and resources are in place to ensure the target will be achieved in the next period of performance review		
				Performance is below target and an action plan/additional effort or resources are required to achieve the target in the future		
Recommendation/Requirement	Improvement Action	By whom	By when	Traffic Light Status	Cross ref. other action plans	SAFF/QuIP cross ref
Job description for clinical lead for the labour ward should be updated to clearly identify responsibilities.	Revise job description in line with recommendations	Cinical Director	1.12.07	No longer split responsibility. JD has been revised to reflect responsibilities	Welsh Risk pool - Standard 15	
A rota detailing the 40 hours Consultant cover for the labour ward should be available for staff to refer to.	Rota in place - needs to be more specific in terms of timetable for each Consultant, inclusive of any swops. Labour Ward lead secretary responsible for producing, updating and submitting to labour ward in timely fashion.	Cinical Director/Sarah Strong	1.4.08	SS to discuss and action with Labour Ward lead.	Welsh Risk pool - Standard 15	
The clinical lead responsibility (midwifery) for the Birth Centre should be clearly identified in the relevant job description	Update AHON job description to reflect clinical responsibilities.	Carolyn Williams/Cathy Dowling	01.04.08	Review of JD currently underway	Welsh Risk pool - Standard 15	
The membership of the Labour Ward forum should include the membership as set out by the RCOG/RCM	JMS are now members of Labour Ward forum and regular attendance is expected. Aim to have lay person in the group by Apr 08. Junior Midwife has also been nominated for attendance.	Dawn Apsee	01.04.08	JMS and midwife have been informed of the requirement for them to attend. This will be closely monitored at next meeting.	Welsh Risk pool - Standard 15	
Minutes of Directorate meetings should clearly detail the job title as well as the name of those attending	Ensure that membership title and role within directorate is clearly identified on the minutes of all Directorate forums including core team and Womens health speciality.	Sarah Strong - ADM	1.12.07	All members involved in producing minutes have been informed of requirement for immediate action. SS to monitor compliance	N/A	
Closure of the Maternity unit policy should be audited regularly	There is currently an all wales group looking at a blanket escalation policy. The all wales walesh risk pool group has developed an audit proforma which is being piloted in December and January	Cathy Dowling	Ongoing	Existing policy has been reviewed by HOM. Audit results to be reviewed in 6 months.	Welsh Risk pool - Standard 15	
All policies should be developed in line with the Trust system and should be clearly referenced and evidence based.	All policies have been revised and are awaiting ratification at the next clinical governance strategy meeting.	Dawn Apsee	1.12.07	Ratified at CG meeting on the 5.12.07	Welsh Risk pool - Standard 15	
No evidence to suggest that medical staff are completing incident forms. All staff should be encouraged to do so.	CD to communicate action to all medical staff to raise awareness of protocol.	Clinical Director		Robust system already in place - midwives usually complete incident forms in conjunction with Medical staff. AA to write to all clinical colleagues to reinforce procedure. Compliance will be monitored via monthly reports from the datix information system held centrally in GSU, defining submission rates by staff group. Issues will then be fed through the Directorate Risk Management forum	Welsh Risk pool - Standard 15	
All incidents including trends information should be collated, reviewed and action taken by a group on a regular basis.	Ensure that actions/trends as identified in the Clinical Incident summary report are fed through monthly Directorate Risk meeting.	Jeremy Wright - ADM	1.12.07	JW to link with Jane Phillips to ensure subsequent meetings include report. Next meeting 14.12.07	N/A	

There should be a system in place to record and monitor all staffs' attendance at resuscitation and CTG training.	Robust midwifery process in place to monitor midwife activity. Need to develop similar process for medical staff	Clinical Director		System now in place - JMS competency manual now in use, which details individual training compliance. Information is centrally recorded. To audit compliance in 6 months	Welsh Risk pool - Standard 15	
The maternity service should ensure that there is a systematic process in place for regular multidisciplinary audit	HOM has discussed issue with CD to emphasise the need for medical staff to engage in the annual record keeping audit.	Clinical Director		AA to draft letter for distribution to all medical staff along with relevant proforma. Review in 6 months	Welsh Risk pool - Standard 15	
Patient information should be securely stored in the health record and not left loose in any pockets in the folder	Compliance regularly reviewed when clinical incidents occur and then as part of the annual record keeping audit.	Supervisors of Midwives	Ongoing	This is an ongoing issue within the directorate. Next quarterly audit results will determine colour status.	Welsh Risk pool - Standard 15	