

Cardiff and Vale NHS Trust
HIW Maternity Services 2007 Action Plan

HIW CRITERIA	HIW RECOMMENDATIONS	Improvement Actions	By whom	By when	'Traffic light' status	Cross ref. other internal action plans	SAFF/QIP cross reference
Job description of Clinical Lead(s) (Medical)	1. Clarification should be made as to who is the Clinical Lead (Medical) for the labour ward and their job description should clearly identify this responsibility.	Consultant Obstetrician Pina Amin has been identified as the Clinical Lead Obstetrician for Delivery Suite. This has been confirmed in writing.	CD	13/6/07	GREEN		
Birth-rate plus and actions/progress from audit	2. The Trust should ensure that the actions identified from the most recent Birthrate Plus audit are implemented.	Birthrate Plus was undertaken in 2006 and the findings presented to the Directorate in November 2006. A shortfall of midwifery posts was identified. Document circulated to the Service Group General Manager and the Nurse Director. Taken to Trust Board meeting in September. Further discussion/action planning required.	Jane Herve	Dec 2007	RED		
There is a multi-disciplinary labour ward (midwifery led unit) forum to review labour ward activity.	3. The membership of the Labour Ward Forum should include the membership as set out by the RCOG/RCM.	Current membership of the Labour Ward Forum meets the recommendations set by Towards Safer Childbirth (RCOG/RCM), a Attendance by all members to be reviewed to ensure compliance.	Pina Amin	Sept 07	AMBER		

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There is an escalation policy during periods of increased activity to ensure the safe management of the maternity services which includes clear criteria for staffing levels.	4. The Maternity Escalation and Closure Protocols should be audited on a regular basis.	Partial audit of current Escalation Protocols in place. Audit tool developed (all Wales WRP Midwives Group), audit undertaken at agreed times throughout the year.	Mary Coakely Anne Morgans	Sept 07	AMBER		
Labour ward policies	5. All guidelines should be clearly referenced and evidenced based.	3 year rolling programme in place to update and review all guidelines. References to be added to all guidelines.	Pina Amin Anne Morgans	Oct 07	AMBER		
Labour ward policies	6. A Fetal Monitoring Policy should be developed or the formal adoption of the NICE Policy to ensure all staff follow the same guidelines.	Current NICE Fetal Monitoring Guidance in use in the directorate. NICE intrapartum guidance due Sept 07 will include section on fetal monitoring and supersede current guidance. Directorate to update current intrapartum guidance to include fetal monitoring after Sept07. Staff will be informed of this via the monthly newsletter.	Mary Coakley Julia Sanders	Nov 07	AMBER		
There is a system to ensure that all critical incidents: - a) Are reported through the appropriate channels. b) Have immediate action taken to prevent re occurrence. c) Are investigated and analysed. d) Identify patterns and trends. e) Result in changes in practice. Are reviewed by a multi disciplinary group.	7. Incident trends information should be collated, reviewed and action taken by a group on a regular basis.	Directorate Obstetric Clinical Risk MDT group meet every 2 weeks to review clinical incidents. Trends being collated by Clinical Governance Facilitator from DATIX system and will be reviewed quarterly at the clinical risk meetings .	Alex Rees Anne Morgans Rachel Sykes	Sept 07	GREEN		

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As above	8. Minutes of the meetings should clearly detail the job title as well as the name of those attending.	In place		July 07	GREEN		
CTG (cardio toco graph) interpretation training and updates should be undertaken on a 6 monthly basis.	9. There should be a system in place to record and monitor staffs' attendance at resuscitation and CTG training, including all medical staff.	Mandatory training register in place for all staff. Following attendance lists sent to dedicated admin support to update register. Monitoring of attendance takes place 1/4lry	Anne Morgans	April 07	GREEN		
The views of women and their families are sought routinely and changes are made as a result.	. 10. A process should be in place to obtain the views of women and their families on the care they have received on a regular basis.	Satisfaction survey undertaken in February 07 by directorate and also by the Picker Institute as part of the Healthcare Commission Review of Maternity Services UK May 07 – July 07 Bi-annual surveys will take place	Julia Sanders	Feb 07	GREEN		
The maternity unit should seek to continuously improve the quality of medical records through ongoing audit and review	11. The maternity service should ensure that there is a systematic process in place for regular multidisciplinary audit.	Current system in place audits midwifery and medical documentation separate. Further audits to be joint. Every ¼ 75 sets of notes are audited, (25 AN; 25 IP; 25 PN) any recommendations from audits are taken forward	Christine Connor Anne Morgans	Jan 08	AMBER		

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A structured and accurate record of all events during the antenatal, childbirth and postnatal periods is maintained for every women and child (unified record)	12. Patient information should be securely stored in the health record and not left loose in any pockets in the folder	<p>Update and training for staff planned on notes management.</p> <p>Poster in each clinical area outlining correct filing of records</p> <p>Reviewed by Supervisors of Midwives during Supervisory meetings with midwives as part of the documentation audit</p> <p>Medical staff compliance included in documentation audit Audit will include compliance that only addressographs are stored in the back pocket of the folder.</p>	<p>Kevin Dunster</p> <p>SOM</p>	<p>July07</p> <p>Ongoing</p>	<p>GREEN</p> <p>GREEN</p>		